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LECTURES
ON THE
THEORY AND PRACTICE
OF
HOMŒOPATHY.

Delivered at the Bahnermann Hospital School of Homœopathy,

BY

R. E. DUDGEON, M.D.

MANCHESTER:
HENRY TURNER, 41, PICCADILLY.
LONDON: AYLOTT AND CO., 8, PATERNOSTER ROW.

MDCCCLIV.
1854

151. c. 80.

LONDON:
THOMAS HARRILD, PRINTER, SILVER STREET,
FALCON SQUARE.



PREFACE.

THE following Lectures were delivered at the Hahnemann Hospital during the sessions 1852-3. At the request of several of those who heard them, I have consented to their publication ; and in order to render them more worthy of being presented to my colleagues and those desirous of obtaining a knowledge of the history and developments of Homœopathy, I have carefully revised the original manuscripts and made considerable additions, so as to render them as complete as possible, and bring them up to the date of publication. I have endeavoured to lay before the reader everything of interest and importance connected with the progress of Homœopathy, in a theoretical and practical point of view, that has appeared in the literature of our own and of other countries. I have given as succinct and correct an account as I could of the views and statements of the principal writers on Homœopathy, and this I was generally enabled to do at first hand, having access to a pretty extensive homœopathic library. Where I have been unable to refer to the original sources, I have availed myself of the abstracts contained in some of the German journals and works on Homœopathy, more especially the last work of the late Dr. Griesselich, whose *résumés* of the opinions of others I have found wonderfully correct in almost every case where I have compared them with the originals.

I trust this little work may prove of use to the homœopathic student, if not by any originality of the

views put forward in it, at least by presenting him with a tolerably accurate *coup d'œil* of the various steps in the progressive development of Homœopathy, and that, besides showing him the right directions in which the homœopathic art must be developed and perfected, it may serve to warn him from the false paths pursued by many of the nominal adherents of Homœopathy, which only lead to extravagance and the abnegation of all science.

For the imperfections of the work I must crave the reader's indulgence. The subject is a large and a difficult one, and it is far from improbable that I may have been mistaken in many of the conclusions I have drawn, and of the opinions I have expressed, however careful and conscientious I have been. Haply, some one more competent to execute the task I have essayed may hereafter write a better treatise on the homœopathic system, and profit by my very failings and errors to render his work more perfect and worthier of the importance of the subject.

In the meantime, and until a more complete treatise shall appear, I believe that the English homœopathist will find in the following pages many things bearing upon the theory and practice of Homœopathy which will be novel, and, I hope, interesting to him.

LONDON, *December*, 1853.

CONTENTS.

PREFACE	PAGE iii
---------------	-------------

INTRODUCTORY LECTURE.

BIOGRAPHICAL SKETCH OF HAHNEMANN.

Difficulty of forming a correct estimate of him—His birth and parentage—Pursuit of knowledge under difficulties—School days—Student's life in Leipzig and Vienna—Removal to Hermannstadt—Graduates in Erlangen—Practises in Hettstädt, then in Dessau, then in Gommern—His first marriage—Removes to Dresden—Chemical labours—Berzelius's opinion—Goes to Leipzig—Discovery of the homœopathic principle— <i>Res angusta domi</i> —Accepts the charge of a lunatic asylum—Introduces the principle of moral restraint—Removes to Walschleben, Pyrmont, Brunswick, Wolfenbüttel, and Königsalutter—Works written during this period—Enunciation of the homœopathic principle—Persecution of the apothecaries—Discovery of the prophylactic for scarlet fever—Tardy acknowledgment of his discovery—Forced to leave Königsalutter—Accidents on the journey—Arrives at Hamburg—Removes to Altona, Möllen, Eulenburg, Machern, Dessau—Works written during this period—Hostility of his colleagues—Chemical mistake—Removes to Torgau—Writes for a literary journal—Returns to Leipzig—Attacks upon him—His thesis to enable him to lecture—Commences lecturing—Literary labours—Treatment of Prince Schwarzenberg—Persecution of the apothecaries—Driven from Leipzig—Settles in Cöthen—Works written during this period—Foundation of the Central Homœopathic Society—(Secret history of Hahnemann's statue)—Indicates the remedies for cholera—Death of his first wife—Second marriage—Removal to Paris—Death and burial—Characteristics of Hahnemann's mind—His perseverance—His intolerance—His unsociableness—His conscientiousness—His industry—His generosity—(Anecdote of his poverty)—His religion—His high estimate of the medical profession—His humility—Compared to Luther—Estimate of his character	xvii
--	------

LECTURE I.

THE HOMŒOPATHIC PRINCIPLE IN MEDICINE BEFORE HAHNEMANN.

Great discoveries foreshadowed—Planetary motions—The New World—Gravitation—Circulation of the blood—The steam-engine—Vaccination—Anticipations of homœopathy—Hippocrates—Democritus—Empirical school—Erasistratos, Heracides, Mithridates, Attalos, Nicander, Xenocrates, Varro, Quintus Serenus, Celsus—Galen—Fallopian—Basil Valentine—Paracelsus—Many points of resemblance in the doctrines of Paracelsus and of Hahnemann—Paracelsus's ridicule of ordinary practice—(Anecdote of Sylvius)—His classification of physicians—His hatred of the apothecaries—His horror of hypothesis—His ridicule of complex prescrip-

	PAGE
tions—His abhorrence of nosology—His attack on <i>contraria contrariis</i> —His defence of <i>similia similibus</i> —His system a rude homœopathy—His partiality for small doses—His employment of olfaction—His belief in the separation of the medicinal spirit from the material drug—Did Hahnemann borrow from Paracelsus?—Croll—Agricola—Tycho Brahe—Arndt—Ancient homœopathic theses—Milton—Doctrine of signatures—Partial acknowledgment of homœopathy by Hahnemann's immediate predecessors—Boulduc—Detharding—Thoury—Störck—Stahl—Rivière—French peasants—Sainte Marie—Religious homœopathy—Leadam—Buchner—Poetic homœopathy—Homer—Shakspeare—Raimund	1

LÉCTURE II.

PATHOLOGICAL BASIS OF HOMŒOPATHY.

Imperfections of the art of medicine—Importance of physiology and pathology—Necessity of a pathological foundation for homœopathy—Hahnemann's rejection of the current pathology—Outline of general pathology—Definition of life—Stimuli of the organism—Predisposing causes of disease—Age—Sex—Temperament—Idiosyncrasy—Remarkable cases of idiosyncrasy—Habit of body—Climate—Season—Diet—Regimen, etc.—Adaptability of the human being to different conditions—Exciting causes of disease—Temperature—Effects of over-stimulation—Phenomena of inflammation—Sympathy—Passions—Emotions—Miasms—Parasitical animals—Origin of parasites—Nature of the morbid process—Rationale of the curative process—Curative agents are direct or indirect irritants—John Brown's general debility and general stimuli—Broussais' central inflammation and antiphlogistics—Fletcher's specific irritabilities and specific stimuli—The discovery of specific stimuli—Cures effected by direct stimulation—These views lead to homœopathy—Hahnemann's steps in the discovery of homœopathy—His experiments with bark—His enunciation of the homœopathic law—Confines it at first to chronic diseases only—Subsequently extends it to acute diseases—Essence of the homœopathic system	27
--	----

LECTURE III.

ON SPECIFIC MEDICINE, AND ATTEMPTS AT A THEORY OF CURE.

Hahnemann's original name for homœopathy was the doctrine of specifics—He always considered his remedies specifics—Difference betwixt homœopathic and old-school specifics—Difference betwixt homœopathic <i>specifickers</i> and purists—Names proposed for homœopathy—Is homœopathy the doctrine of specifics?—Sydenham on specifics—Bacon—Kopp—Stieglitz—Hufeland—Stapf—Arnold—Kurtz—Roth—Schrön—Goullon—Wolf—Rapou—Dufrèsne—Watzke—Black—Homœopathy is specific medicine—Explanations of the curative process—Hahnemann's idea that the stronger disease overcomes the weaker—His first attempt at an explanation of what takes place—Fallacies of this explanation—Medicines act conditionally, not absolutely—Instances of insensibility to medicinal action—Medicinal action not stronger than disease—Cures effected by weaker, not by stronger irritations—Examples from Hahnemann—Irrelevancy of Hahnemann's illustrations—His second attempt at an explanation of the curative process—Extravagance of this attempt—Refutation of it—Hahnemann conscious of the weakness of his theory—Rau's polar theory—Attomyr's botanic theory—Eschenmeyer's latitudinarianism—Jahn's increased reaction theory—Schrön's reaction theory—Hufeland's similar theory—Theories of the worshippers of the <i>vis medicatrix nature</i> —Dr. Sangrado	51
---	----

CONTENTS.

vii

LECTURE IV.

THEORIES OF CURE (CONTINUED).

	PAGE
Schmid's polar theory—Mosthaff's antipathic theory—J. O. Müller's antipathic theory—Koch's substitutive theory—His imperfect definition of <i>similar</i> —His tendency to substantialize qualities of matter—Widenmann's theory of stronger and weaker affinities—The phenomena of chemistry not analogous to the vital processes—Gerstel's derivative theory—Facts against this theory—Schneider's peripheral theory—Untenableness of his views—Trinks's neutralization theory—Mayrhofer's blunted receptivity theory—Griesselich's greater affinity theory—Trouseau's substitutive theory—Hirschel's four theories—Wunderlich's eight theories—Curie's assisting-nature theory—P. P.'s odylic theory—Theory based on direct specific stimulation—Fletcher's theory of homœopathic cures—Homœopathic remedies act antipathically—Correct views of Cl. Müller—Foreshadowing of homœopathy by John Hunter—A true theory applicable to the explanation of all medicinal cures—Falsity of the view that disease is cured by the stronger overcoming the weaker.....	85

LECTURE V.

THE HOMŒOPATHIC AGGRAVATION.

Hahnemann's first allusion to it—His first case of aggravation owing to an over-dose—He first taught that it was necessary to the cure—Afterwards that it was only an occasional occurrence—And that it depended on the size of the dose—Duration of aggravation in acute and in chronic diseases—False aggravation by the production of medicinal symptoms—Always indicative of unsuitableness on the part of the medicine—Very slight medicinal symptoms of no importance—Hahnemann's examples of true aggravation from a too powerful dose—The drosera aggravation examined—Cures with large doses mentioned by Hahnemann without aggravation—Schrön denies the reality of the homœopathic aggravation—Rummel considers it exceptional—Kurtz confounds the true and the false aggravations—Gross considers the quality of the aggravation dependent on the size of the dose—Schmid asserts that it only occurs with too small doses—Kämpfer's critical and non-critical aggravations—Hirschel's four kinds of aggravation—None of these resemble Hahnemann's—Trinks says true and false aggravations are independent of dose—Schneider says Hahnemann's aggravation is a phantom, but admits five kinds—Romano's rule for distinguishing betwixt the homœopathic aggravation and the natural increase of the disease—Rau's peculiar aggravation—Griesselich admits and denies the homœopathic aggravation—Arnold's definition of it—Is it a reality?—Foundations for the belief in it—Writers have generally confounded the false with the true—General conclusions on the subject—Classes of practitioners who talk most of aggravations—Necessity for examining critically all Hahnemann's doctrines—A desirable aggravation—Cutaneous diseases	116
--	-----

LECTURE VI.

ISOPATHY.

Antiquity of the doctrine—Met with in the writings of Dioscorides, Xenocrates, Galen, Serapion, Paulus Aegineta, Haly Abbas, Celsus, Nicander, Croll—Van Helmont hints at it—Durey's treatment of hydrophobia—Mead's cure for vipers' bites and scorpions' stings—Isopathy in Hudibras—Hering introduces it into homœopathic practice—His proposed method of curing contagious diseases—His botanical and entomological

isopathy—Anticipated by Dr. Hornbook—Isopathic propensities of New Zealand cannibals—Hering's chemical rescue of psorine, which continues still unrescued—Source of his psorine—His nosodes—His explanation of the mode of action of morbid products—Gross becomes enamoured of isopathy—He pronounces it superior to homœopathy—His novel blood-globules—Antiquity of blood as a remedy—Lux's isopathy of contagions—His delicate preparations—Extravagances of the isopathists—Tonitru—Stapf's partial approbation of the practice—Hahnemann's denunciation of it—His denial of isopathic cures—His abuse of Gross—His allusion to psorine—Helbig rejects isopathy—Rau admits the occasional utility of isopathic preparations—His theory of their mode of action—He afterwards regrets their introduction—Thorer denounces isopathy—Dufresne considers it a brilliant discovery—M. Müller attempts to incorporate it with homœopathy—Kammerer considers isopathy as true as homœopathy—Veith only approves of psorine—Kurtz approves of isopathy—Genzke rejects it—Buchner condemns it—The doctrine gradually sinks into neglect—Is revived by Herrmann in a different form—The healthy organs of animals remedies for the corresponding diseased organs in man—The doctrine not new—Nor true, according to Genzke—Brutzer's recent revival of the original isopathy—His wonderful cures examined—And found wanting—Käsemann's homœopathic isopathy—What are isopathic remedies?—Absurdity of Herrmann's doctrines—Many of Hering's nosodes must be excluded from the category of remedies—Contagious matters may have remedial powers in their corresponding diseases—A disease may be cured by an agent capable of producing it—Examples of isopathic cures—Schnappauf's, Author's, and Nogueira's cures of small-pox—Auzias and Sperino's alleged cure of syphilis—Isopathic treatment of sheep—Cures by psorine examined—The truth there is in the doctrine—How should isopathic remedies be administered?—Author's isopathic (?) cure of pannus—Remedial powers of morbid products—Cure of nævi—Isopathic remedies used by allopathists—Filthy allopathic remedies—Medicines gloria	141
---	-----

LECTURE VII.

ON THE PROVING OF MEDICINES.

Proving of medicines the inevitable corollary from the law *similia similibus curentur*—Little known of the positive action of medicines when the homœopathic law was discovered—That little in favour of homœopathy—Hahnemann did not at once commence to prove medicines—He appeals to his colleagues to assist him—His appeal is neglected—He exposes the weakness of the system of his colleagues—And thereby renders himself obnoxious to them—He publishes his first provings—His first directions for proving—He rejects homœopathic aggravations as a pathogenetic source—His final directions for proving—His provings with globules of the 30th dilution—His pathogenetic sources—Various doses used by Hahnemann in his provings—What has the old school done in the way of physiological provings?—The empiricists—Heraclides—Mithridates—Attalos Philometer—Nicander—Matthioli's and Richard's poisonings—Haller's recommendation to prove—Alexander's experiments—Experiments on the lower animals despised by Hahnemann—Jörg's proving society—Its labours appropriated by Hahnemann—Wedekind's and Martin's efforts to induce others to prove—The provings of the allopathic society of Vienna—The provings of Rademacher's followers—Pereira's approval of provings—Resolution of the Strasburg scientific congress—Forbes's recommendation of proving—Of what use are provings to allopathists?—They are only available by homœopaths—Piper's rules for proving—Schrön's directions for proving—His disapproval of provings with the 30th dilution—His proposal for arranging the pathogenetic effects—Grisselich's rules and cautions—Names of the most distinguished provers—Hering approves of proving with the 30th

CONTENTS.

ix

	PAGE
dilution—And practises it—He proposes to prove medicines in the high potencies—His list of pathogenetic sources—A society in Thuringia established to prove 30th dilutions—Watzke's reasons for re-proving Hahnemann's medicines—Drysdale's remarks on provings—Trinka disapproves of proving with high dilutions, and rejects symptoms obtained from patients—Curtis's proposal for negative provings—Absurd substances that have been proved—Mure's provings of hides, diseased potatoes, guano, lice, etc.—Hering's doubtful medicine—Würzler's pudding—How provings should be conducted—Medicines should be proved in small doses, but not in high dilutions only—Patients an impure source for drug-symptoms—Poisoning of lower animals useful—Duty of all homœopaths to prove.....	176

LECTURE VIII.

ON THE PRIMARY, SECONDARY, AND ALTERNATING ACTIONS OF MEDICINES.

Hahnemann's early notions on primary and secondary actions—He says some medicines have only a primary action—The importance he attached to distinguishing between primary and secondary actions—On it he founds his division of medicines into curative and palliative—Latterly he ascribes the primary action chiefly to the influence of the medicines, the secondary chiefly to the reaction of the vital force—Examples of the two actions—Secondary actions not noticed after small doses, or even after moderate doses on the healthy—Examples from the <i>Materia Medica</i> of primary and secondary actions—These two actions rarer in the later editions—Afterwards termed alternating actions—Finally not distinguished by a special appellation—Hahnemann seems practically to have abandoned the distinction—Hahnemann's self-contradictions—His alternating action—Examples of it—Probable reasons for the adoption of the term—Hering combats the notion of primary and secondary actions—Piper disapproves of the distinction—Helbig rejects it—Watzke's ideas on the subject—Attomyr's notions directly opposed to Hahnemann's—Kurtz rejects the division—Trinka does the same—Schrön would retain the division and use it to prune the <i>Materia Medica</i> —Arnold dissents from Hahnemann—Hirschel agrees partially with Hahnemann—Drysdale accepts Hahnemann's division—Gerstel proposes the division into active and passive symptoms—Schneider proposes positive and negative symptoms—Grieseslich repudiates Hahnemann's division—The division into primary and secondary untenable—Hahnemann's original notions had a bad influence on his mode of recording symptoms—Faults of the Hahnemannian schema—Example of a complete picture of a medicinal disease—Hahnemann's <i>Materia Medica</i> is little more than an index— <i>Reductio ad absurdum</i> of the primary, secondary, and alternating actions—Great preponderance of subjective symptoms in the <i>Materia Medica</i> —Hahnemann's provings fall short of his original standard—We ought to strive to bring them up to this standard—Notwithstanding all faults, Hahnemann's <i>Materia Medica</i> is a wonderful work—His earlier provings especially valuable	212
---	-----

LECTURE IX.

ON HAHNEMANN'S DOCTRINE OF CHRONIC DISEASES.

Individualization a peculiar feature of Hahnemann's teaching before his invention of the psora theory—His contempt for pathological hypothesis—His psora-theory a vast generalization and a pathological hypothesis—His early foreshadowings of the theory—He early ascribes a large number of chronic diseases to itch—His account of the discovery of the source of chronic diseases—He communicates his discovery to Stapf and Gross—Necessity for a miasmatic origin of chronic diseases—Psora the

grand source—Syphilis and sycosis the other sources—Itch a degeneration of the ancient leprosy—Error of considering itch a local disease—Under itch he includes many other distinct skin-diseases—Mode in which infection takes place—Itch to be met with everywhere—The most infectious chronic miasm—Mode of development of itch-disease—Danger of suppressing the external eruption—Signs of latent psora—He at first thought the disease might be cured by reproducing an eruption—His Burgundy-pitch plaster—He also believed that a fresh infection with itch would cure the chronic disease—Instances of this adduced by him—He afterwards recants these opinions—His mode of treating fresh itch—Psoric diseases require peculiar medicines, termed antipsorics—Before he thought of psora he considered coffee to be the great source of chronic diseases—Traces of this psora-theory in ancient writers—Hoffmann ascribes many diseases to suppressed itch—Autenrieth's psora-theory—Hahnemann's contempt for Autenrieth's treatment of itch—Wenzel held a psora-theory—Stapf's laudations of the psora-theory—Gross testifies to its truth—Unquestioning adhesion to it of many homœopaths—Peterson corroborates it with cock-and-bull stories—He makes out that cholera is of psoric origin—Rau admits the partial foundation in truth of the theory—Wolf considers it an unfortunate idea—Schrön defends pre-antipsoric homœopathy against Hahnemann's disparagement of it—Hering carries the psora-theory farther than Hahnemann—He announces a prophylactic for itch—Later allopathic authorities who have held the psora-theory—Beer—Schönlein—Weitenweber—Nathan's apology for Hahnemann.....

LECTURE X.

ON HAHNEMANN'S DOCTRINE OF CHRONIC DISEASES (CONTINUED).

Opinions relative to the psora-theory since the recognition of the itch-insect—Russell's historical paper on itch—Abenzohr knew of the insects—The German peasants were acquainted with them—Moufet described them—Hauptmann gave a drawing of them—Bonomo wrote about them—Wichmann alluded to them—Afterwards they were lost sight of and disbelieved in—Rayer gets them pointed out to him—Adams describes them, and gives himself the itch—Since then they are generally believed in—Hebra's account of scabies—His description of the acarus and its tracks—Habitat of the vermin—Eruption dependent on its presence—The acarus the sole infecting agent—His treatment of the disease—Puffer defends the psora-theory against Hebra—Denies itch to be a parasitic disease—The itch-insect the product of the disease—He allows that itch requires external treatment—Hebra's reply to Puffer—He contends that the acarus is the sole essential feature of itch—He denies that any danger attends the suppression of itch—Griesselich's views on the psora-theory—Hahnemann cured chronic diseases before he had a single antipsoric—The psora-theory supplies a defect in Hahnemann's previous doctrines—Influence of the theory on Hahnemann's pathology of acute diseases—Hahnemann's psora equivalent to dyscrasia, cachexia, and humours of others—Hahnemann wrong in his diagnosis of itch—Doubtful if itch can be cured by internal medicines—Influence of the ordinary treatment of itch in producing serious disease—Benefits conferred on practice by the psora-theory—Absurdity of the division of medicines into antipsorics and apsorics—Weber's definition of an antipsoric—Arnold's views on the psora-theory—How can a parasitic disease give rise to other diseases?—The psora-theory must include other skin-diseases besides itch—Hahnemann's psora-theory was a concession to the humoral pathologists—Henderson's defence of the psora-theory—Russell denies the repercussion of itch—Explains how its suppression may cause disease—Simon contends for more than three chronic miasms—Leboucher misapprehends Hahnemann's doctrine—Examination of the psora-theory—Credenda it involves—Hahnemann's cures of psoric diseases without antipsorics—Before he had any antipsorics he proposed to cure chronic diseases only by homœopathy—Hahnemann fails to prove the origin of

	PAGE
chronic diseases from itch—His diagnosis of itch incorrect—He confounds it with other diseases—Secondary diseases are sometimes produced by suppressing itch—How this happens—Danger of suppressing extensive exanthemata—Hahnemann erred in overlooking hereditary diseases—They have been recognised in all ages—Aristotle—Piorry—Linz—Many causes of latent disease—Probability of certain eruptive diseases being connected with certain internal diseases—Nunez—Reasons for Hahnemann's adoption of the psora-theory—Good done by the psora-theory—Treatment of itch—Want of success of the internal treatment—Importance of destroying the acarus—Modes of doing so—Syphilis—Sycosis—After-diseases of sycosis—Antisyctic medicines	271

LECTURE XI.

ON THE SELECTION OF THE REMEDY.

The selection of the remedy theoretically simple, practically difficult—Necessity for defining what is similar—The sum-total of the symptoms present not the sole indication, even according to Hahnemann—His merit in rejecting pathological speculation as our guide in selecting the remedy—The selection of the remedy a purely empirical, almost mechanical act—The characteristic symptoms to be our guide—The general and undefined symptoms to be neglected—Modern mode of compiling a book of characteristic symptoms—Hahnemann is very vague on the subject of characteristic symptoms—Characteristic features of epidemic diseases—Characteristic symptoms of intermittent fevers—Hahnemann's denunciation of the *usus in morbis*—But many of his indications for medicines are derived from that source—Instances of these—Hahnemann's system was not, after all, a mere mechanical comparison of drug and disease—It was more scientific than he allows it to be—Rau's vindication of the scientific character of homœopathic prescriptions—He defends Hahnemann's minuteness—But condemns a mere mechanical comparison of symptoms—Necessity for a profounder knowledge of the action of medicines on particular spheres of the organism than we can obtain in the *Materia Medica*—Cases in point—Hartmann shows that the homœopathist attends to the exciting causes of disease—M. Müller defends homœopathy from the charge of being mere symptomatic treatment—Schrön shows that the collective symptoms cannot be the sole indication—We must distinguish between idiopathic and sympathetic—Kurtz—Wolf—Roth—Schmid tries to define similar—Watzke says the characteristic symptoms must guide us—Mosthaff says similarity is not the sole point to attend to—Peterson refers to the great number of unimportant symptoms in the *Materia Medica*, and proposes a plan for increasing them—Hirschel's eight sources for obtaining indications—Hering says the characteristic symptoms must be our guide—Bönninghausen considers the character of the symptom more important than its seat, and the condition of the symptom's occurrence more important than either—This condition sometimes his sole guide—Wonderful influence of shaving—Medicine Doctores, D.G., Fid. Def.—Mure talks about characteristics, but practises mechanical reckoning—Griesselich says we must attend to etiology, semiology, and diagnosis—Trinks enjoins attention to characteristics—What is similar?—Some diseases have no similars in the *Materia Medica*—What constitutes a characteristic symptom?—Characteristic symptoms of some medicines—Importance of determining the organs and systems on which medicines act—Treatment of diseases with few symptoms—Medicines to rouse the system when torpid—Medicines to soothe the system when too irritable—Importance of records of clinical experience—Works to aid us in the selection of the remedy..... 302

LECTURE XII.

ON HAHNEMANN'S THEORY OF THE DYNAMIZATION OF MEDICINE.

The dynamization-theory not essential to homœopathy—Hahnemann's first

	PAGE
hint of it—Solution increases the power of the drug by bringing it to bear on more points of the living fibre—Difference between the action of a hard, dry pill and a solution of the same medicine—Medicines act dynamically not atomically—Hahnemann asserts the greater power of the smaller portion of medicine in solution—Curious piece of dynamical arithmetic—An imitation of Brown's scale of excitability—Futility of all such calculations—Further development of the dynamization-theory—Wonderful effects of succussion and trituration—The homœopathic attenuations are said not to weaken but to exalt the medicinal power—The power of the attenuations proportioned to the number of succussions they have received—His fear of over-succussing—No need for dilution—He loses his fear for hyperdynamizing—Wonderful effects of dynamizing—Frequent alteration of Hahnemann's views—His disciples better the instruction of the master—Korsakoff's infected globules—Hahnemann's reply to Korsakoff—Gross gives his adhesion to Korsakoff—And goes beyond him—Plaunel is favourable to infection—Jenichen's high potencies—Disclosure of his undivulged secret—Plumbum the beginning and the end of Jenichen's celebrity—Gross becomes Jenichen's trumpeter—Bönninghausen kills two dogs without a stone—Hering encourages Jenichen—The 80,000th potency—Hering's Hahnemannism—His aerial potencies—Tietze ascribes dynamization to electricity—Investigations with the microscope—Segin's investigations—Mayrhofer's observations—Microscopic appearance of attenuations of gold, silver, mercury, iron, lead, copper, tin, zinc, arsenic—Mayrhofer's deductions—Koch's examination of mercury—Rummel's illusions with the 200th dilution.....	337

LECTURE XIII.

ON THE DYNAMIZATION OF MEDICINES (CONTINUED).

Doppler on the great and the small in nature—He accounts for the increased power of triturated drugs by the increase of the superficies of the medicine—Fallacy in Doppler's calculations—Chemical explanations—Physiological analogies—Spallanzani's experiments with frog's spawn—Arnold's experiments with frog's spawn—His experiments with cow-pock lymph—D'Amador on the action of imperceptible agents—Rau asserts the possibility of dynamizing certain substances up to a certain point—Otherwise attenuation causes loss of power—He believes in the transference of medicinal power—Schrön denies the truth of the dynamization-theory—Kretschmar also denies its truth—So also Trinks—Werber, Wolf, Fielitz, Schmid, Lietzau, Strecker, Schneider, Egidi, oppose the theory—Curious theories of two dilettanti—Gross's contradictory oracular utterances—Rummel's attempt to explain dynamization—Terrific effects of too much shaking—Rummel's recantation—Kämpfer admits and denies the dynamization-theory—Hartmann opposes it—Veith says it is a revival of Zoroaster's philosophy—Schubert thinks the medicine becomes spirit—Griesselich ridicules the notion of a transference of medicinal power—His explanation of dynamization—Joelin attributes the increase of power to the comminution of the drug—Foundation of the dynamization-theory—By the small dose the specific effects of the medicine are more certainly produced—Improbability of a separation of the medicinal power—Does trituration render insolubles soluble?—Doubtful correctness of some of Mayrhofer's observations—Facts that have encouraged the notion of dynamization—Smaller doses often relatively stronger than larger	364
--	-----

LECTURE XIV.

HOMŒOPATHIC POSOLOGY.

Small doses of mercury given by Hahnemann before his discovery of homœopathy—After his discovery he gave other medicines in ordinary doses—

First indications of small doses—His doses in scarlet fever—Had the apothecaries' persecution an influence on his doses?—Reasons for his sudden change to small doses—Rules he gives for the selection of the dose—Later he alleges that the dose cannot be too small—Examples of various doses he recommended of various medicines—Appreciable doses of some medicines given by him—The doses prescribed in the *Materia Medica*—He did not always go on diminishing his doses, but sometimes gave larger doses than he had previously ordered—Remarkable influence of the psora-theory on his doses—He makes the 30th dilution his standard dose—He often departed from his own standard—Expresses his disapprobation of higher attenuations—Approves of higher attenuations—If the medicine be repeated the dose should be increased—Various doses in a pocket-case used by Hahnemann just before his death—Hartlaub advises small doses for acute, larger for chronic diseases—Wolf recommends a variety of doses—Rau advises small doses for acute, larger for chronic diseases—His treatment of skin diseases—Werber contends for various doses—Ægidi prefers the lower dilutions, but admits the power of all—Rummel opposes the idea of a standard dose—He says some medicines do not act in the higher dilutions—He attempts to lay down some rules for the doses—He allows that the 200th dilution still acts—Stapf says the insolubles are best in high dilutions—He prefers the lower dilutions in acute diseases—He treats itch and syphilis with low triturations—He approves of Jenichen's preparations—Gross's inconsistencies—He finally falls into the Jenichen trap—And recognises the apparent insanity of his conduct..... 391

LECTURE XV.

HOMŒOPATHIC POSOLOGY (CONTINUED).

Kurtz prefers the lower dilutions—Veith acknowledges the necessity of various dilutions—Kammerer prefers the higher dilutions, but gives stronger doses in acute diseases—Schmid always gives substantial doses—Watzke prefers the lower dilutions—His rules for the dose—He condemns the Jenichen preparations—Trinks lays down rules for the dose—The doses vary with the character of the remedy—And of the disease—Trinks practically an adherent of the lower dilutions—Schrön prefers the lower dilutions—Ridicules the Jenichen potencies—Elwert prefers the lower—Helbig condemns an exclusive adherence to high or low dilutions—He gives large doses to drunkards—Vehsemeyer uses the lower dilutions—Schüler gives larger doses to drunkards—Noack condemns exclusivism—Goullon says the dose is to be regulated by the reactive power of the organism and the quality of the medicine—Lietzau recommends the pure tincture—Schneider opposes the exclusive use of the 30th—Wahle prefers medium doses—He recommends much succussion—Kämpfer prefers the lower and medium dilutions—He gives different medicines in different doses—He considers drunkards very sensitive to small doses—He gives massive doses in typhus—Hartmann does the same—J. O. Müller opposed to a uniform dose—Condemns the high potencies—Attomyr endeavours to find rules for the dose in the provings—Hering also looks to the provings for rules for the dose—Black is disposed to do so also—Koch makes the dose depend on similarity, susceptibility, and intensity—Stens prefers the higher dilutions—Griesse-lich prefers the lower dilutions, especially for acute diseases—Arnold thinks it is never necessary to go beyond the 6th decimal dilution—Mure claims the merit of the discovery of a posological rule—He lays down many rules for the dose—Nunez prefers the dilutions above 2000 for acute and chronic diseases—Cruxent's grand astronomical rule for the dose—Scott's rules for the dose—Great latitude of the remedial dose—Rarity of one dose curing where another had failed—Hahnemann erred in fixing on a uniform dose—Various circumstances determine the suitable dose—Some diseases demand larger doses—Some medicines require to be given in larger doses 417

LECTURE XVI.

ON THE REPETITION OF MEDICINES.

Hahnemann at first gave repeated doses—Instances of his repetitions—He afterwards attempted to regulate the repetition by the supposed duration of action of the medicine—Afterwards his rule was that the medicine should not be repeated as long as improvement went on—Difficulty of following Hahnemann's rule—The medicine has not exhausted its action until improvement stops—He next allows the medicine to be repeated before it has exhausted its action—He allows the rapidity of the course of the disease to determine the repetition—The medicine when repeated must be given in a lower dilution—He latterly allowed the medicine to be repeated very frequently, even in chronic diseases—But each time in a different potency—Ægidi asserts the advantage of more frequent repetition—Wolf advises more frequent repetition—Hering enumerates cases where repetition is useful—Gross and Kretschmar advise repetition in certain cases—Rau attempts to show when repetitions are useful, when hurtful—Kämpfer's rules for the repetition—Attomyr looks to the proofs for rules for the repetition—Attomyr's un-Hahnemannian directions—Koch's rules—Griesselich's laudation of repetition—Circumstances in which it is to be employed—Periods of exacerbation of the disease ought to regulate the repetition—Trinks's rules for the repetition—Arnold's maxims—Attempt at a rule for the repetition in acute and chronic diseases—The exacerbations, periodicity, and rapidity of diseases should regulate the repetition—The dose cannot guide us in the repetition—Some homœopathists contend for rare repetition, though Hahnemann latterly renounced the practice 447

LECTURE XVII.

ON THE ALTERNATION OF MEDICINES; ON THE ADMINISTRATION OF MORE THAN ONE MEDICINE AT A TIME; ON THE EMPLOYMENT OF AUXILIARIES.

Hahnemann at first allowed the alternation of medicines in certain cases—He afterwards altogether condemns it—Cases in which he continued to practise it—His intercurrent remedies—Hering advocates the alternation of long and short acting medicines—He denies the propriety of alternating cuprum and veratrum—He advises the alternation of a medicine and its antidote—Gross recommends alternation—Rummel approves of it—Hartmann speaks favourably of it—Ægidi advises it in many cases—Hirsch practises rapid alternation—Kämpfer looks upon it as a make-shift—He disapproves of it, but says it is necessary in some cases—Griesselich only allows it in cases where the choice between two medicines is impossible—Trinks disapproves of it, but says it is allowable in certain rare cases—Marcy recommends it in certain cases—Beilby denounces it in pleurisy—Horner advises it in pleurisy—The practice is reprehensible in chronic diseases—The practice of prescribing a course of several medicines in succession is akin to it—Alternation allowable in diseases of fixed course, where we can predict the symptoms that will occur—Cases in which it is justifiable—Bechet's proof of its necessity in some cases—Hahnemann's successions of medicines—Reasons for Hahnemann's intercurrent medicines—Is it ever necessary to mix medicines?—Hahnemann's early denunciations of mixtures—Liedbeck proposes to give the chemical compound of two indicated medicines—His mistake about the proving of iron—He accuses Hering of plagiarism—Ægidi's proposal to mix medicines—Schrön disapproves entirely of the practice—Molin proposes to prove mixtures—Griesselich condemns it—Simultaneous exhibition of two medicines externally and internally—Roux, Panthin, and Gauwerky propose to mix different dilutions—The mixture of medicines not allowable—Is occasionally practised—Omnium gatherum—Auxiliaries to homœopathic treatment—Hahnemann recom-

mends antipathic, palliative, and chemical remedies in certain cases—His employment of electricity, pitch-plasters, mesmerism, cold water—Hydropathic measures in great favour with some homœopathists—Starke's homœopathic theory of hydropathy—Kurtz, Brutzer, Hampe, Ott, Russell, on the water-cure—Bloodletting approved by some—Kretschmar, Hering, Müller, Rummel, Rau, Henderson, Chargé, advise it occasionally—Arnold, Elwert, Schubert, Rückert, condemn it—Dietl proves its hurtfulness in pneumonia—Are purgatives ever allowable?—Cases in which they are—Black on their use—Are derivatives ever required?—Their alleged use in suppressed exanthemata—Cases in which stimulants are required—Certain useful non-homœopathic auxiliaries—Hot sponge in croup—Kinesitics—Galvanism—Burq's chains—Junod's hemospastic apparatus—Dry cupping—Mesmerism—Reichenbach's magnetic meridian—Schroth's thirst-cure—Many non-homœopathic auxiliaries employed by all practitioners..... 474

LECTURE XVIII.

MODES OF ADMINISTERING THE HOMŒOPATHIC REMEDY; LOCAL EMPLOYMENT OF MEDICINES; HOMŒOPATHIC PHARMACEUTICS.

Modes of administering the remedy adopted by Hahnemann—His early external employment—Vehicles in which he gave it internally—He afterwards advises it to be always given dry—He introduces the globules—Various sizes used by him—His administration by olfaction, to supersede all other methods—Olfaction of the dry globule—Olfaction of the dissolved medicine—He returns to the giving of medicines in solution—Modes of preserving the solution—His endermic employment of medicines—His early employment of this method—His later mode of employing it—At one time he forbids its use—He afterwards recommends it strongly—*Résumé* of Hahnemann's methods—Ægidi proposes to give medicines in solution—Hering approves of Ægidi's plan—He warns against stirring the solution too much—Ægidi approves of olfaction in some cases—Rau says olfaction is seldom useful—Rummel has seen it of use in certain cases—Perry advocates its employment—Gross approves of olfaction of the high potencies—Mure's ingenious mode of giving his patients the benefit of olfaction without their knowledge—Drysdale's mode of giving arseniuretted hydrogen—Kämpfer alludes to the endermic method—Want of uniformity and rule in the administration of medicines—Practitioners generally guided by caprice or convenience—Dry vehicles for the medicine—Rotuli, pastilles, Norton's pilules—Olfaction occasionally useful—*The endermic method*—Its antiquity—Plis-tonicus, Dieuches, Diocles, Dioscorides, Rufus, Berengarius, Amatus—Classes of practitioners mentioned by Celsus—Lembert, Lesieur, Ahrensen on the endermic method—Madden's experiments on the absorption of medicines—Solids—Fluids—Gases—Hering's peculiar endermic method—Utility of the endermic method in certain cases—Mode of employing it—Inunction of medicines—*The local employment of medicines*—Hahnemann's early denunciation of the local treatment of syphilis—His subsequent local treatment of other diseases—His local treatment of itch and cancer—He afterwards denounces all local treatment—Except of contusions and condylomata—Gross recommends local treatment in some cases—Schrön also—Backhausen advises it in many cases—Griesselich, Veith, Koch, Mayrhofer, Segin, Ægidi, Patzack, employ it in certain cases—Trinks is not partial to it—Lippe recommends it in burns—Henriques also uses it in burns—Giving medicine by the mouth is often a local employment of it—The method is useful in some cases, but dangerous in others—Black's ophthalmic ointment—Blake's calendula lotion to the womb—Utility of a collyrium in ophthalmia neonatorum—Local employment of the remedy in toothache—In syphilis—In scabies—*Homœopathic pharmacy*—Hahnemann's early pharmacæutic innovations—His soluble mercury—A bad preparation—He afterwards abandons it—Want of uniformity in his first modes of preparing tinc-

	PAGE
tures of belladonna, opium, ipecacuanha, chamomilla, bryonia, rhus, and hyoscyamus—Lays down rules for the preparation of different substances—He occasionally deviates from these rules—He afterwards proposes a uniform process for all medicines—His mode of triturating—Hering proposes various proportions of the vehicle and drug—His economical and expeditious mode of preparing the dilutions—Vehsemeyer approves of the decimal scale—Gruner prepares medicines on this scale—Rummel suggests the proportion of 2 to 98—Relation of decimal to centesimal scale—Various works on homœopathic pharmacy—Caspari's dispensatory—Hartmann's Latin translation—Buchner's pharmacopœia—Gruner's pharmacopœia—Schmid's pharmacopœia—Mure's pharmaceutical propositions—His triturating machine—His apparatus for producing a vacuum—His succussion machine—Weber's proposal to triturate all medicines up to 15—His dynamizator—Madden's pharmaceutical suggestions—Hahnemann's antiquated chemistry—Need of a new homœopathic pharmacopœia	501

LECTURE XIX.

ON ANTIDOTES ; ON PROPHYLACTICS ; ON DIET AND REGIMEN ; CONCLUSION.

Antidotes common to both schools—Antidotes peculiar to allopathy—Such antidotes rejected by homœopathy—Hahnemann's early investigations relative to antidotes—His chemical and dynamical antidotes—Different kinds of antidotes used by Hahnemann—Variety of antidotes for different effects of belladonna—Hahnemann's antidotes did not always bear a homœopathic relation to the antidoted substance—Another dose of the same medicine its antidote, according to some—Rationale of the action of antidotes— <i>Medicinal prophylactics</i> —Antiquity of prophylactics—Charms—Amulets—Abracadabra—Bezoar-stones—Images of gods—Crucifixes—Images of saints—Medals—Rosaries—Vaccination—Inoculation of small-pox—Inoculation of measles—Mason Good's prophylactic for hydrophobia—Hahnemann's discovery of the prophylactic powers of belladonna in scarlet fever—Allopathic testimony to this prophylactic—Hahnemann suggests belladonna as a prophylactic in measles—His prophylactics of cholera—Preservative power of copper, testified to by Roth and Burq—Prophylactics proposed for measles—Hering's proposed prophylactics—Croserio's prophylactic for gonorrhœa—Cronin's inoculation of the Aleppo-pustule—Winter's prophylaxis of adults—Gastier's prophylaxis of infants—Fearon's prophylaxis of the fœtus—His observations on the diagnosis of obscure disease—Importance of prophylaxis—Probability of the discovery of prophylactics for diseases of fixed character—The prophylaxis of children— <i>Diet and regimen</i> —Homœopathic dietetics misrepresented—Hahnemann's ridicule of scientific dietists—His case showing the dangers of a too sparing diet—His case showing the need of stimulants in those used to them—He deprecates great changes in the diet—His diet in scarlet fever—His diet in acute diseases—His diet in chronic diseases—His latest dietetic rules—Articles of diet relatively not absolutely wholesome or the reverse—Wonderful digestibility of a reputed indigestible article by a very delicate stomach—Works on homœopathic dietetics—Objects of dietetic restrictions—Occasional necessity of condiments—Impossibility of depriving patients of tea—Tea in England <i>versus</i> tobacco in Germany—Stimulants— <i>Conclusion</i> —Recapitulation of chief subjects treated of—Hahnemann's system not perfect—What still remains to be done—What is to be avoided	533
---	-----

APPENDIX.

A. The dose of gold used by Hahnemann for proving—B. Dr. Altschul's posological rule—C. Different curative powers of various doses—D. Hahnemann's local employment of remedies.....	563
---	-----

INTRODUCTORY LECTURE.

BIOGRAPHICAL SKETCH OF HAHNEMANN.

"HAHNEMANN, dieser seltene Doppelkopf von Philosophie und Gelehrsamkeit —dessen System am Ende den Ruin der gemeinen Receptirköpfe nach sich ziehen muss, aber noch wenig von den Praktikern angenommen und mehr verabscheut als untersucht ist."—JEAN PAUL RICHTER, *Zerstreute Blätter*, II. Band, S. 292.

ALTHOUGH it would perhaps be out of place to preface a course of lectures upon the ordinary Practice of Physic with an account of the personal history of Æsculapius or Hippocrates, of Galen or Sydenham, as the representative men of old Physic, the case is altered when we have to discourse of that thorough reformation of the art of Medicine, commonly called Homœopathy; for Homœopathy is so intimately associated with the name of Hahnemann, and a study of his history and a due appreciation of his character are so essential for enabling us to comprehend the various developments and phases of this complete and remarkable Reformation, that it would be almost as unpardonable for the teacher of Homœopathy to omit attempting to estimate the character of its Founder, as it would be for the historian of the great religious Reformation of the sixteenth century to omit the study of the life and character of Martin Luther.

But nine years have elapsed since Hahnemann entered the domain of history, and in confirmation of the saying that a hero is not appreciated till he has passed away from among us, we observe that these nine years have witnessed an extension of homœopathy unequalled since its promulgation fifty years ago; and its Founder, who could at the period of his decease only reckon his disciples by hun-

dreds, is now acknowledged as their master by thousands of educated medical men scattered all over the globe ; and the very town whence he was driven by the enmity of his colleagues only twenty years ago, a few months since saw a costly monument of bronze erected to his memory by the united efforts of his admirers of all nations.

The biographer who has not enjoyed the friendship and acquaintance of his hero cannot indeed have such an exact idea of his minuter traits of character and peculiarities as he who has had this advantage ; but on the other hand he may be able to form a juster estimate of his general characteristics and genius, by an unbiassed study of his works and of the impressions produced upon those who were familiar with him ; just as the spectator placed upon a hill may be able to form a more correct idea of the general features and capabilities of a town, than one of its inhabitants who may be familiar with every house, but not with its aspect from beyond its walls.

Hahnemann has not been dead long enough to enable us to assign to him his true place among the world's worthies. The veneration of some might perhaps induce them to give him too high a rank in the Walhalla of immortality, whilst others, to whose remembrance the petty foibles incident to humanity, of which our Hahnemann had his share, recur too vividly, might be apt to underestimate him.

The biographies that have hitherto been published of Hahnemann are meagre and contradictory, and the time has not yet come for the publication of those letters and documents which we know to exist in the custody of his family and friends, and from the careful study of which we should be able to gain a clear insight into the motives and reasons for various actions of his eventful life, which at present we can only conjecture.

The histories of many men who have risen to eminence in some particular branch of science teach us that they have done so under the most unfavourable circumstances, and in spite of the greatest obstacles thrown in their way by fortune and by their own natural guardians. Hahnemann belonged to this class of great men.

His father, an industrious but fortuneless painter on

porcelain in the celebrated manufactory at Meissen, a charming little town on the banks of the Elbe, near Dresden, discouraged all his endeavours to qualify himself for a calling superior to that he himself pursued, though he seems in other respects to have had a great influence on the character of his son by his exhortations to him to exercise his independent judgment in all cases, and not to take anything on trust, but in every case to act as reflection told him was for the best. "Prove all things, hold fast that which is good," was the substance of his advice. By this advice Hahnemann profited, and, notwithstanding his father's prohibition to study, he pursued his strong inclination to do so in spite of all opposition, and on many an occasion when it was thought he was sound asleep, he was consuming the midnight oil over his books, in a lamp which he had himself constructed out of clay, as he was apprehensive of being discovered had he used one of the household candlesticks. This little incident I have thought worth mentioning, as it exhibits his perseverance and indomitable steadfastness of purpose even at that early age. His aptitude for study excited the admiration of his schoolmaster, with whom he became a favourite, and who undertook to direct his studies, and encouraged him to a higher order of study than that which constituted the usual curriculum of a Grammar School. This did not please his father, who several times removed him from the school and set him to some less intellectual work, but at length restored him to his favourite studies at the earnest request of his teacher, who, to meet the pecuniary difficulty, instructed the young Samuel until his twentieth year without remuneration.

On leaving school it was the custom to write an essay on some subject, and Hahnemann selected the somewhat unusual one of "the wonderful structure of the human hand," a theme which has in our own time been so beautifully discoursed upon by Sir Charles Bell, in his *Bridge-water Treatise*. Who would not like to see how the boy Hahnemann treated this subject, his selection of which shows a strong bias towards natural science?

Twenty thalers (about £3 sterling the only patrimony he ever received) and his father's blessing, were all he

carried with him from Meissen to Leipzig, where it was his intention to study medicine. He was allowed free access to the various classes, and managed to support himself by teaching French and German, and by translating books from the English. From Leipzig he journeyed to Vienna, in order to witness the practice of medicine in the hospitals there, and had the good fortune to secure the friendship of Dr. von Quarin, who treated him like a son, and took great pains to teach him the art of medicine. By some roguery or other, however, he lost the greater part of his money here, and so, after a sojourn in Vienna of only three quarters of a year, he found himself forced to accept the situation of family physician and librarian to the Governor of Transylvania, with whom he resided in Hermannstadt two years, and whence he removed to graduate in Erlangen, in 1779.

"The longing of a Swiss for his rugged Alps," he says, in an autobiographical fragment he has left behind him, "cannot be more irresistible than that of a Saxon for his fatherland." Accordingly to fatherland he went, and settled down to practice in a small town named Hettstädt, but as there was no field for practice here, he removed, after three quarters of a year's residence, to Dessau, in 1781. Here it was, he tells us, that he first turned his attention to chemistry; but at the end of this year he was appointed district physician in Gommern, whither he removed, and here he married his first wife, whose acquaintance he had previously made in Dessau, she being the daughter of an apothecary of that town: here also he wrote his first book on medicine, which gives the result of his experience of practice in Transylvania, and takes rather a desponding view of medical practice in general, and of his own in particular, as he candidly admits that most of his cases would have done better had he let them alone. After remaining nearly three years in Gommern—where, he *naïvely* observes, "no physician had ever been before, and whose inhabitants had no desire for one"—he transferred his residence to Dresden; but with the exception of taking for a year the post of physician to the hospital, during the illness of Dr. Wagner, he does not seem to have done much in the way of practice here.

During the last four years he lived in Dresden and the neighbouring village of Lockowitz he published many chemical works, the most celebrated of which is a treatise upon poisoning by arsenic, which is quoted to this day as an authority by the best writers on toxicology. This was probably the period he alludes to, in his letter to Hufeland, as that when he retired disgusted with the uncertainty of medical practice and devoted himself to chemistry and literature. That he made considerable progress in the former science, his valuable tests for ascertaining the purity of wine and of drugs and this treatise on arsenic testify; and we have likewise the testimony of the Swedish oracle of chemistry, Berzelius, who, knowing well the value of Hahnemann's services to his own science, is reported to have said, "This man would have been a great chemist, had he not turned a great quack." We may take Berzelius's opinion as to Hahnemann's skill in chemistry; but try his physic by other than chemical tests.

In 1789 he removed to Leipzig, and in that year published his treatise *On Syphilis*,^b written the year before in Lockowitz, which, I must confess, betrays no lack of confidence in the powers of medicine, and shows an intimate acquaintance with the best works of that period on the subject. But what this work is chiefly remarkable for, is its description of a new preparation, known to this day in Germany by the name of *Hahnemann's soluble mercury*, and some very novel views relative to the treatment of syphilis; the dose of mercury to be given (which is remarkably small), the signs when enough has been ingested for the cure of the disease, and the denunciation of the local treatment of the primary sore. In 1790 he translated Cullen's *Materia Medica*, and discovered the fever-producing property of cinchona bark; which was to him what the falling apple was to Newton, and the swinging lamp in the Baptistery at Pisa, to Galileo. From this single experiment his mind appears to have been impressed with the conviction, that the pathogenetic effects of medicines would give the key to their therapeutic powers. He

^b Lesser Writings, 1.

seems, however, to have contented himself with hunting up in the works of the ancient authors for hints respecting the physiological action of different substances, and to have tested them but sparingly, if at all, on his own person or on his friends; and in his researches, to have looked more for the peculiar and striking effects of the drugs than for those minute shades of symptoms which we find he so carefully recorded in his later years. In fact, he seems rather to have searched for parallels to those abstract forms of disease described in the works on nosology, than for analogues to the individual concrete cases of actual practice. I think any one who will read his first Essay *On a New Principle*,^c published in 1796, and the two papers, *On Continued and Remittent Fevers*,^d and *On Hebdomadal Diseases*,^e published in 1798, will agree with me in this opinion.

However, to return to our history. Hahnemann seems to have had little or no opportunity to test his ideas by practice in Leipzig and the little village of Stötteritz close by, and must have been completely occupied with his chemical lucubrations and translations; for he wrote at this period a large number of chemical essays, and translated several chemical and other works, besides Cullen's, just named. His diligence must have been something extraordinary at this time, and no doubt his increasing family was a source of great anxiety to him, and caused him to slave to the extent of which we have evidence from his publications. How sorely the *res angusta domi* must now have pressed on Hahnemann, longing as he was for the opportunity to pursue the investigations of which he had just discovered the clue! how his great but impatient soul must have chafed and fretted at that oppressive clog of poverty—that necessity for providing bread for the daily wants of his children, which hindered him from soaring on his eagle flight into unexplored, undreamt-of regions of discovery! And the poverty which Hahnemann endured was not merely an income so small as to prohibit an indulgence in the luxuries of life, but often, very often, an actual want of the common neces-

^c Lesser Writings, p. 295.

^d Ibid., p. 382.

^e Ibid., p. 395.

saries of existence; and this with all the anxiety of an increasing and helpless family of young children! And yet had it not been for his poverty, Hahnemann had probably never made the discovery on which his fame is built. Naturalists tell us that the oyster forms the lustrous pearl round certain extraneous substances that intrude themselves within the cavity of its shell, and irritate and vex its tender flesh—and so it is with the great and good; the vexations and annoyances of life are often the means of eliciting and developing those pearls of the mind that we admire and marvel at.

With what eagerness must not Hahnemann now have accepted the offer of the reigning Duke of Saxe Gotha to take the charge of an asylum for the insane in Georgenthal, in the Thuringian forest,—a charge which would give him a present competency, and, above all, leisure to pursue his now painfully interesting investigations, and an opportunity of putting his discovery to the test. Here, then, we find him settled for a time in 1792. A cure that he made in this institution of the Hanoverian minister Klockenbring, who had been rendered insane by a satire of Kotzebue's, created, we are told, some sensation; and, from the account he published in 1796 of this case,^f we find that he was one of the earliest, if not the very first advocate for that system of treatment of the insane by mildness instead of coercion which has become all but universal. "I never allow any insane person," he writes, "to be punished by blows or other painful corporeal afflictions, since there can be no punishment where there is no sense of responsibility; and since such patients cannot be improved, but must be rendered worse, by such rough treatment." May we not, then, justly claim for Hahnemann the honour of being the first who advocated and practised the moral treatment of the insane? At all events, he may divide this honour with Pinel; for we find that towards the end of this same year 1792, when Hahnemann was applying his principle of moral treatment to practice, Pinel made his first experiment of unchaining the maniacs in the Bicêtre. Hahnemann does not seem to have remained long in this situation; for the same

^f Lessar Writings, p. 395.

year he removed to Walschleben, where he wrote the first part of the *Friend of Health*,^s a popular miscellany, on hygiene principally, and the first part of his *Pharmaceutical Lexicon*, and in 1794 he went first to Pymont, a little watering-place in Westphalia, and thereafter to Brunswick.

In 1795 he migrated to Wolfenbüttel, and thence to Königsutter, where he remained until 1799. In this interval of comparative settlement he gave out the second parts of his *Friend of Health*^b and *Pharmaceutical Lexicon*; and he had leisure to pursue his investigations, and to write, in 1796, for his friend Hufeland's *Journal*, that remarkable *Essay on a New Principle for ascertaining the Remedial Powers of Medicinal Substances*,ⁱ wherein he modestly but firmly expresses his belief that, for *chronic diseases* at least, medicines should be employed that have the power of producing similar affections in the healthy body; and the following year he published in the same journal an interesting case illustrative of his views;^j and wrote another essay on the irrationality of complicated systems of diet and regimen, and complex prescriptions.^k Several other essays followed this in rapid succession; among which I may mention that on antidotes,^l and those on the treatment of fevers^m and periodical diseases.ⁿ But already the hostility of his colleagues began to display itself. Hahnemann, who had now abandoned the complicated medication of ordinary practice, and who had exposed, though gently, the absurdity of giving complex mixtures of medicine, forbore to write prescriptions, and himself gave the medicines, which he now invariably administered singly and alone. The physicians of Königsutter, jealous of the rising fame of the innovator, incited the apothecaries to bring an action against him for interfering with their privileges by dispensing his own medicines. It was in vain Hahnemann appealed to the letter and spirit of the law regulating the apothecaries' business, and argued, that their privileges only extended to the compounding of medicines, but that every man, and therefore still more every

^s Lesser Writings, p. 189. ^b Ibid., p. 240. ⁱ Ibid., p. 295. ^j Ibid., p. 353.

^k Ibid., p. 358. ^l Ibid., p. 374. ^m Ibid., p. 382. ⁿ Ibid., p. 386.

medical man, had the right to give or sell uncompounded drugs, which were the only things he employed, and which he administered, moreover, gratuitously. All in vain: the apothecaries and their allies, his jealous brethren, were too powerful for him; and, contrary to law, justice, and common sense, Hahnemann, who had shown himself a master of the apothecaries' art, by his learned and laborious *Pharmaceutical Lexicon*, was prohibited from dispensing his own simple medicines.

During the last year of his residence in Königsutter he witnessed a severe epidemic of scarlet fever, and made his glorious discovery of the prophylactic power of belladonna in this disease, which alone would have sufficed to make his name remembered with gratitude by posterity. The mode of his discovery of this prophylactic is a true specimen of inductive philosophy, much more so than Jenner's somewhat similar discovery of the prophylactic power of vaccination. Knowing the power of belladonna to produce a state similar to the first stage of scarlet fever, he used it with great success at that period of the disease, and whilst his mind was occupied with the great remedial virtue he observed it to possess, a circumstance occurred which led him to believe that it was not only a curative, but a preventive medicine for that malady. In a family of four children, three sickened with the disease, but the fourth, who was taking belladonna at the time for an affection of the finger-joints, escaped, though she had heretofore been always the first to take any epidemic that was going about. An opportunity soon presented itself of putting its prophylactic powers to the test. In a family of eight children, three were seized with the epidemic, and he immediately gave to the remaining five children belladonna in small doses, and, as he had anticipated, all these five escaped the disease, notwithstanding their constant exposure to the virulent emanations from their sick sisters. The epidemic presented him with numerous opportunities of verifying this protective power of belladonna.

The mode he adopted of drawing the attention of physicians to his newly discovered prophylactic was singular. He announced for publication a work on the subject, and

advertised for subscribers, promising to publish the work, which should reveal the name of the prophylactic, as soon as he got 300 subscribers, and in the mean time supplying to each subscriber a portion of the prophylactic, and demanding his opinion as to its efficacy. This unusual proceeding, which might be justified on the plea that Hahnemann wished to have the prophylactic tested more impartially than it would have been had he at once revealed the name of it, gave rise to a shower of bitter calumnies from his colleagues, who made little or no response to his offer, but loaded him with accusations of avarice and selfishness.^o Hahnemann revenged himself on his calumniators, by publishing his pamphlet on scarlatina,^v wherein he revealed the name of the prophylactic, and the facts that led to its discovery. I need not remind you that the united testimony of almost all homœopathic practitioners, and of the most distinguished of the allopaths, was favourable to the truth of Hahnemann's discovery. Indeed, nearly twenty years afterwards, whilst Hahnemann was residing in Leipzig, some physicians of that town complacently recommended the employment of belladonna as a prophylactic for scarlet fever, as if they had just made the discovery, without alluding in the slightest way to the claims of the venerable sage in their midst, although they could scarcely fail to be known to them.¹ But I am anticipating.

The hostility of the apothecaries and physicians of Königsutter drove him from that town in 1799. He purchased a large carriage or waggon, in which he packed all his property and family, and with a heavy heart bade adieu to Königsutter, where fortune had at length begun to smile upon him, and where he had found leisure and opportunity to prosecute his interesting discoveries. Many of the inhabitants whose health he had been instrumental in restoring, or whose lives he had even saved by the discoveries of his genius during that fatal epidemic of scarlet fever, accompanied him some distance on the road to Ham-

^o See Hahnemann's paper on Professional Liberality, Lesser Writings, p. 417.

^v Lesser Writings, p. 425.

¹ In 1826 Hufeland wrote a work entitled *The Prophylactic Power of Belladonna in Scarlet Fever*, in which he justly assigns to Hahnemann the merit of its discovery, and brings an overwhelming mass of testimony in support of it.

burg, whither he had resolved to proceed, and at length, with a blessing for his services, and a sigh for his hard lot, they bade him God speed. And thus he journeyed on with all his earthly possessions, and with all his family beside him. But a dreadful accident befel the melancholy *cortège*. Descending a precipitous part of the road, the waggon was overturned, the driver thrown off his seat, his infant son so injured that he died shortly afterwards, and the leg of one of his daughters fractured. He himself was considerably bruised, and his property much damaged by falling into a stream that ran at the bottom of the road. With the assistance of some peasants they were conveyed to the nearest village, where he was forced to remain upwards of six weeks on his daughter's account, at an expense that greatly lightened his not very well-filled purse. At length he got in safety to Hamburg, but finding little or nothing to do here, he removed to the adjoining town of Altona. He did not, however, better himself by the change, and not long after removed to Möllen in Lauenburg; but the longing for his fatherland, which he describes as being so strong in him, soon drew him once more to Saxony. He planted himself in Eulenburg, but the persecution of the superintendent physician of that place drove him thence after a short sojourn. He wandered first to Machern, and thence to Dessau, where we find him in 1803 publishing a monograph on the effects of coffee,* which he considered as the source of many chronic diseases, and against the use of which, as a common beverage, he inveighed with much the same energy as our own first James did against tobacco. Previous to this, however, and during his wanderings, he had translated several books from the English, and written various articles on his favourite idea of medical reform in *Hufeland's Journal*, denouncing ever more and more energetically the absurdities and errors of ordinary medical practice. One of the most remarkable articles in this style is his preface to a translation of a collection of medical prescriptions,† published in 1800, which preface is the best antidote to the contents of the work itself. We can imagine his great soul fretting and

* Lesser Writings, p. 450.

† Ibid., p. 396.

funing when the publisher, on whom he then almost entirely depended for subsistence, put into his hands the English original of this notable work, which contained nought but a collection of the abominable and nonsensical compounds which he had been inveighing against for the last five years. We can fancy Hahnemann saying, "Well, sir, if you have no more agreeable work to put me to than this, I will do it; but mark, I stipulate to be allowed to write what preface I choose." And such a preface it is! the most marvellous preface surely that was ever written for any book! It is as though he had said, "Reader! you have purchased this book thinking to find therein a royal road to the practice of physic, but you are miserably mistaken to believe there can be any such short cut: skill in practice can only be gained by careful, unwearied, and honest study; by having a perfect knowledge of the curative instruments you have to wield, and by an accurate observation of the characteristic symptoms of diseases. As for the contents of this book, they are the grossest imposition ever palmed upon man, a confused jumble of unknown drugs—mostly poisons—mixed together in what are called prescriptions, each ingredient of which is dignified by some imposing name that is meant to express the qualities it should possess and the part it should play, but none of which possesses the qualities attributed to it, nor will obey, even in the slightest degree, the orders that are given it. Every prescription contains in it a multitude of anarchical elements that totally disqualify it for any orderly action whatever. The best counsel I can give you, my simple-minded reader, is to put the main body of this book into the fire: but by all means preserve the preface; it may serve you as a standard for judging of the pretensions of similar pretentious books, of which there be, I am sorry to think, many, too many, in the market just now, but which we shall do our best, with God's help, to rid the world of." I do not believe the publisher of this "*Arzneischatz*," or "*Treasury of Medicines*," would wish to give Hahnemann many more jobs of this kind to do, or if he did, he would doubtless resolve to bargain that no preface should be inserted. Indeed, we find that

Hahnemann's translations came to rather an abrupt termination at this period, for, with the exception of a translation of the *Materia Medica* of the great Albert von Haller, which he executed in 1806, Hahnemann's works were henceforward all originals.

The years 1805 and 1806 were eventful ones for the development of the doctrine, and whilst he demolished the time-honoured faith in the medicine of 3000 years, in his masterly little work entitled *Æsculapius in the Balance*,[†] the temple of his own system, of which he had hitherto been only laying the foundations, commenced to exhibit some of those fair proportions which we now admire, by the appearance of the first sketch of a *Pure Materia Medica*[‡] which he gave to the world in Latin, and of that wonderful exposition of his whole doctrine, entitled *The Medicine of Experience*,[‡] which was published in 1806 in *Hufeland's Journal*.

And what was the reception this admirable work met with—the most original, logical, and brilliant essay that had ever appeared on the art of medicine? A thousand captious objectors arose, who, not being able to refute the masterly arguments brought forward by Hahnemann, fell to ridiculing the technicalities of the system; an easy task, since we all know that every new truth appears at first ridiculous. Nor was calumny silent. Hahnemann was loaded with the most opprobrious epithets because he introduced the custom, then unusual in Germany, of making the patients with whom he corresponded pay him for each epistolary consultation. This the facilities afforded by the arrangements of the German Post Office enabled him to do, and he was led to adopt it by the circumstance that so many sought his advice from mere curiosity, or worse motives, without any thought or intention of paying, that he was driven to the adoption of what might be an unusual but was certainly not a reprehensible plan for securing the *bona fides* of his patients. A mistake he had made in his former chemical days was raked up from the limbo of forgotten things, and imputed to him as a gross crime, and a proof of his

[†] Lesser Writings, p. 470. [‡] *Fragmenta de viribus medicamentorum positiva*, Leipzig, 1805.

[‡] Lesser Writings, p. 497.

venality and dishonesty; though, in reality, the whole story redounds to his credit. During the period when he had temporarily abandoned medicine in disgust at its uncertainty, and had devoted himself solely to chemical and literary pursuits, he fancied he had discovered a new alkali, which he denominated *pneum*, and which he sold to those who wished to possess it. Subsequent investigation showed him that he had committed a mistake, and that the substance he had supposed to be a perfectly new matter was nothing but *borax*. He hastened to acknowledge his error, and lost no time in refunding to the purchasers the money he had received for it.

He was now settled in Torgau, and perceiving that his discoveries and labours met with nothing but opposition, contempt, and neglect from his medical brethren, disdaining to reply to any of the odious calumnies that were heaped upon him by those who should have been proud of him as their countryman and colleague, he discontinued writing in their medical journals, and appealed from the injustice of his professional brethren to the unprejudiced judgment of an enlightened public, and henceforth published his strictures on ancient medicine, and his projects for its reformation, in a magazine of general literature and science, entitled the *Allgemeiner Anzeiger der Deutschen*. During the years 1808 and 1809, he published in that journal a succession of papers equal in terseness, vigour and originality to anything he had previously written, among which two deserve especial mention, viz., his essay *On the Value of the Speculative Systems of Medicine*,* and his touching and earnest letter to Hufeland,* whom he never ceased to love and esteem, though in every respect he was a much greater man and finer character than the Nestor of German medicine, as Hufeland was called. The doctrines which were scornfully rejected by the Scribes and Pharisees of the old school found favour with the public, and the number of his admirers and non-medical disciples increased from day to day. In 1810 he published the first edition of his immortal *Organon*, which was an amplification and extension of his *Medicine of Experience*, worked up with greater care,

* Lesser Writings, p. 556.

* Ibid., p. 581.

and put into a more methodical and aphoristic form, after the model of some of the Hippocratic writings.

With a wide-spread reputation he now re-entered Leipzig, where a crowd of patients and admirers flocked around him, and the flood-tide of fortune seemed at length to set in towards him. Professor Hecker of Berlin wrote, in 1810, a violent diatribe against the *Organon*, which displays more wrath and untempered hostility than wit or good breeding, and was replied to in a vigorous manner by young Frederick Hahnemann, who undertook the defence of his father, for the latter treated all attacks, whether on his character or his works, with silent contempt; though it could not be said he viewed them with indifference, for there is every reason to believe the poisoned shafts of envy and calumny rankled in his soul and communicated acerbity to a disposition that was naturally overflowing with love to his fellow-men. Hecker's attack was the signal for numerous others of the same nature, written with greater or less ability and with more or less fairness; but it would be wearisome to recapitulate even the titles of the articles and pamphlets that issued from the press,⁷ intended by their authors to crush the presumptuous innovator.

However, this was not the effect they had. Hahnemann steadily pursued his course without condescending to notice the attacks of his adversaries, and in 1811 he published the first volume of the *Pure Materia Medica*, which contained the pathogeneses of the medicines he had been silently testing upon himself and friends, together with the symptoms he had culled from various records of

⁷ Among the most remarkable of the works hostile to homœopathy that appeared during Hahnemann's residence in Germany I may mention Professor Jörg's *Critische Hefte*, 1822; Professor Curt Sprengel's two essays *On Homœopathy*, 1824 and 1832; Professor Heinroth's *Anti-Organon*, 1825; Dr. von Wedekind's *Examination of the Homœopathic System*, 1825; Dr. C. W. Sachs' *Concluding Word on Hahnemann's Homœopathic System*, 1826; Dr. Mülkisch's *Value of Homœopathy as a Science and an Art*, 1826; Hufeland's *Homœopathy*, 1826; and Simon's *Samuel Hahnemann the pseudo-Messiah of Medicine, the diluter par excellence, &c.*, 1830. Some of these works, written by some of the most celebrated physicians of Germany, display a considerable amount of fairness in argument and freedom from personality; the condemnation they pronounce on homœopathy, however, is based entirely on theoretical grounds, and no attempt is made by their authors to put the system to the test of bedside experience. Others, and especially the last, are merely personal diatribes, composed on the principle *calumniare audacter, semper aliquid hæretic!*

poisoning by the same substances. His earnest wish at this time was to found some college with hospital attached, for the purpose of indoctrinating the rising generation of physicians in homœopathy, theoretically and practically; but this plan failing, he resolved to give a course of lectures upon the system to those medical men and students who wished to be instructed in it. In order to be allowed to do this, however, he had to pay a certain sum of money and defend a thesis before the Faculty of Medicine. To this regulation we are indebted for that able essay, *De Helleborismo veterum*,* which no one can read without confessing that Hahnemann treats the subject in a masterly way, and displays an amount of acquaintance with the writings of the Greek, Latin, Arabian and other physicians, from Hippocrates down to his own time, that is possessed by few, and a power of philological criticism that has been rarely equalled. This thesis he defended on the 26th of June, 1812, and it drew from his adversaries an unwilling acknowledgment of his learning and genius, and from the impartial and worthy Dean of the Faculty a strong expression of admiration. When a candidate defends his thesis, he has what are called opponents among the examiners, who dispute the various opinions broached in the thesis; but the most of Hahnemann's opponents were schooled into such an amiable state of mind by this display of learning, that they hastened to confess they were entirely of his way of thinking, while a few, who wished to say something for form's sake, merely expressed their dissent from some of Hahnemann's philological views. This trial, which his enemies had vainly hoped would end in an exposure of the ignorance of the shallow charlatan, triumphantly proved the superiority of Hahnemann over his opponents, even on their own territory, and was a brilliant inauguration of the lectures which he forthwith commenced to deliver to a circle of admiring students and grey-headed old doctors, whom the fame of his doctrines and his learning attracted round him. He lectured twice a week, and from among the followers who gathered round him he selected

* Lesser Writings, p. 644.

a number to assist him in the labours of proving medicines, which he pursued without intermission. The vast amount of self-sacrifice, devotion, and endurance these labours must have required from him, those only who have attempted to prove medicines can form any idea of.

During his residence in Leipzig, from 1810 to 1821, he from time to time published valuable essays in the literary journal I have already alluded to, one of which was on a deadly form of typhus that broke out in 1814,^a in consequence of the disturbances caused by the stupendous military operations of that period, more particularly by the disorderly retreat of the French army from Russia. And he departed on one occasion from his usual habit, and wrote a couple of controversial articles upon the treatment of burns,^b for which he recommended warm applications in opposition to Professor Dzondi, who had advised the employment of cold water. A second edition of the *Organon* and five more volumes of the *Materia Medica* appeared during this period, adding at once to his fame and to the perfection of his system, which began to attract the attention of many physicians and immense numbers of the educated and upper classes.

The jealousy of his professional brethren, however, led them to incite the privileged guild of apothecaries to play the same game that had proved so successful in expelling Hahnemann from other places, and their machinations were only stayed for a time by the arrival in Leipzig of the celebrated Austrian Field Marshal, Prince Schwarzenberg, who came thither avowedly with the design of placing himself under Hahnemann's care, as his life was despaired of by the first practitioners of the old school. At first considerable amendment ensued, but his disease, which was some organic affection of the brain or heart, eventually had a fatal termination.

Of course a cry was now got up that Hahnemann's method hastened if it did not actually cause the death of the illustrious commander, and the apothecaries, taking advantage of the unpopularity which this catastrophe, and the mode in which it was "improved" by his medical

^a Lesser Writings. p. 712.

^b Ibid., p. 710.

brethren, cast upon Hahnemann, found now little difficulty in obtaining an injunction against his dispensing his own medicines. Hahnemann could not write prescriptions for his medicines, seeing that the privileged apothecaries did not keep them and could not be trusted with their preparation, as they were his bitterest foes. His practice was therefore gone, and though he was urgently advised to dispense his medicines secretly, yet he had too great a respect for the authority of the law to act contrary to the verdict of those whose business it was to enforce it, even although he believed that they misinterpreted its spirit. Nothing was left for him therefore but to quit Leipzig, a town which was now endeared to him by many pleasing associations connected with the development of his great reform, and his fatherland, Saxony, now offered no place where the most illustrious of its sons could live in peace.

Under these discouraging circumstances the reigning prince of Anhalt Cœthen, who was an ardent admirer of the system, offered Hahnemann an asylum in the tiny capital of his tiny dominions, and accordingly to Cœthen Hahnemann proceeded in 1821. It must have been with a heavy heart that he left Leipzig, the goal of his youth's ambition and the scene of his manhood's triumphs. It must have cost him a pang to leave that dear fatherland, for which he had always sighed in all his wanderings. To exchange the busy commercial and literary capital of northern Germany for the lifeless and dismal little town of a petty principality was but a sorry exchange indeed; and the deserted ill-paved streets and rude environs of the provincial town were a poor compensation for the lively and frequented promenades round Leipzig, where he was wont to walk every afternoon with his portly wife and numerous family. Though Leipzig has now the honour of containing his bronze effigies, and though Leipzig's magistrates and municipal authorities joined in the inauguration of Hahnemann's monument in 1851, this will hardly suffice to efface the stain of bigotry and intolerance that attaches to the town and its authorities by their expulsion of the greatest of Leipzig's citizens in 1821.

The favour of the Duke, who appointed him Hofrath

and physician in ordinary to his serene person and court, could scarcely make up to Hahnemann for the loss of the disciples whom he used to instruct and the friends who used to assist him in his provings; and his habits, which had never been very sociable, now became more than ever retired. After settling at Cæthen he seldom crossed the threshold of his door except to visit his patron when he was sick; all the other patients who flocked to Cæthen for his advice he saw at his own house, and his only walks were in a little garden at the back of his house, which he used jocularly to observe, though very narrow was infinitely high. Here he daily promenaded for a certain time as regularly as he had done in the pleasant Leipzig alleys, and every fine day he used to take a drive in his carriage into the country. He devoted himself entirely to practice and the development of his system. His amazing industry and perseverance never flagged an instant; he worked incessantly, it might be said. Here he published a third, a fourth, and a fifth edition of his *Organon* and a second and third edition of his *Materia Medica*, each time with great additions and careful revisions. Here also he wrote many articles for the literary journal before alluded to.

In 1827 he summoned to Cæthen his two oldest and most esteemed disciples, Drs. Stapf and Gross, and communicated to them his theory of the origin of chronic diseases and his discovery of a completely new series of medicaments for their cure, exhorting them to test the reality of his opinions and discoveries in their own practice. The next year the first and second volumes of his celebrated work on *Chronic Diseases, their peculiar nature and homœopathic treatment*, appeared. The doctrines therein inculcated were not received with implicit faith by all his disciples, for whilst some professed to perceive in them a discovery equal if not superior to that of the homœopathic therapeutic law, others were not satisfied that the deductions arrived at were justified by the facts on which they were professedly based. To Hahnemann's opponents his doctrine of chronic diseases was a fertile and inexhaustible theme for ridicule and obloquy, which he as usual paid no attention to, though his followers had

now become so numerous that they began to take up the cudgels in their master's defence, and the medical press of Germany groaned with polemical articles respecting homœopathy from both sides, of more or less ability. Since the year 1822 the homœopaths had a quarterly journal, that contained many able and vigorous articles in support of Hahnemann's doctrines. A third, a fourth, and a fifth volume of the *Chronic Diseases*, containing extensive and valuable provings of new medicines, successively appeared during the following two years. The value of these works can scarcely be over-estimated, and they, with the *Materia Medica*, constitute the inexhaustible treasury on which the homœopathic practitioner draws for the cure and relief of many diseases in which the allopathic appliances are impotent or hurtful.

On the 10th August, 1829, a large concourse of his disciples and admirers assembled at Cœthen, for the purpose of celebrating the fiftieth anniversary of his reception of the Doctor's degree, and the dull little town was enlivened for a moment by the festivities of which it was the scene. The same day Hahnemann solemnly founded the first Homœopathic Society, under the name of the "*Central Society of German Homœopaths*," which exists and flourishes to this day, and by whose exertions it was that the bronze statue was last year (1851) erected at Leipzig, as a grateful memento to its illustrious founder.*

* I may, without boasting, take to myself the credit of having been the means of inducing the managing committee to erect the statue at Leipzig in place of Cœthen. At the meeting of the Central Society at Liegnitz, in 1850, on its being formally announced that all the necessary arrangements had been made for the erection of the statue at Cœthen, I spoke strongly against the plan, contending that Cœthen was a most inappropriate place, being but a shabby, fifth-rate town, with which Hahnemann was only accidentally connected, and pointing to Meissen, Hahnemann's birth-place, or Leipzig, the scene of his foundation of the homœopathic school, and the head-quarters of homœopathy, as much more suitable localities. I was told that the arrangements could not be altered, as the municipality of Cœthen and the reigning Duke had contributed funds and a site for the erection of the monument in Cœthen, and the committee had not money to meet the additional expense that a change of locality would entail. On my return to England, I wrote a strong remonstrance to the committee against this selection of Cœthen as the site of Hahnemann's statue, and I moved the Homœopathic Congress that met at Cheltenham in September to address the committee on the subject. This was done, and shortly afterwards I had the gratification of learning from Dr. Rummel that the committee had agreed to reopen the question of the site of the statue, and he had little doubt but that the views of the English homœopaths would meet with favourable consideration; but he stated that the funds of the committee would not suffice to meet the

The success of homœopathy, which now began to spread beyond the limits of Germany, and to make its way in other countries of Europe and in America, increased the bitterness and ferocity of the attacks of the partisans of the old school. They at length roused even the forbearance of Hahnemann, who published a pamphlet against his foes, entitled *Allopathy; a Warning to all Sick Persons*,^a which, though undoubtedly a gross caricature of the system he turns into ridicule, has, like all good caricatures, an unmistakable though ludicrous likeness to the original in every feature, which must have rendered its sting all the more pungent.

The same year, 1831, the cholera invaded Germany from the East, and on its approach, Hahnemann, guided by the unerring therapeutic rule he had discovered, at once fixed upon the remedies which should prove specifics for it, and caused directions^c to be printed, and distributed over the country by thousands, so that on its actual invasion the homœopathists and those who had received Hahnemann's directions were fully prepared for its treatment and prophylaxis, and thus there is no doubt many lives were saved, and many victims rescued from the pestilence. On all sides statements were published, testifying to the immense comparative success that had attended the employment of the means recommended by Hahnemann, before he had seen or treated a single case. This one fact speaks more for homœopathy, and the truth of the law of nature on which the system is founded, than almost any other I could offer, viz., that Hahnemann, from merely reading a description of one of the most appallingly rapid and fatal diseases, could confidently and

additional expenditure entailed by a change of locality, and that if a change were made, they would look to their English colleagues for some additional subscriptions. I at once consented to raise some more money in England for this object, and succeeded in collecting the necessary funds among my homœopathic colleagues. The effect of reopening the question was as I had anticipated. One and all condemned the original locality of Cöthen, and the majority of votes were in favour of Leipzig, provided leave could be obtained from the authorities to raise the statue in that town. This was readily granted; a beautiful spot of ground was generously given by the municipal authorities, and the statue of Hahnemann adorns the town which witnessed the dawn and triumph of his great discovery; and his fatherland, Saxony, which persecuted and expelled him when alive, is saved the further disgrace of seeing the monument of its illustrious son erected in a foreign state.

^a Lesser Writings, p. 827.

^c Ibid., p. 845.

dogmatically say, such and such a medicine will do good in this stage of the disease; such and such other medicine in that; and that the united experience of hundreds of practitioners in all parts of Europe should bear practical testimony to the accuracy of Hahnemann's conclusions.

In 1830 Hahnemann lost his wife, the mother of his numerous family, and the sharer of all the vicissitudes of his eventful life. It has been stated that this good lady had not the sweetest of tempers, and that she was somewhat of a Xantippe to our Socrates; but, as far as I can learn, there is no ground for this accusation. There is no doubt that she was a most affectionate wife and mother; but at the same time a strict disciplinarian, who asserted her supremacy over the domestic affairs and over her husband, in as far as he was part and parcel of the household; that Hahnemann loved and highly esteemed her we have ample evidence, from many passages in his letters, and from the testimony of his friends.

The death of his partner did not alter in any respect Hahnemann's mode of life; and two of his daughters, who had now attained the years of discretion, assumed the office of domestic supervision, *vice* Mrs. Hahnemann deceased.

In 1835 Mlle. Mélanie d'Hervilly came to Cœthen, succeeded in captivating Hahnemann, then in his eightieth year, by the charms of her youth and beauty, and carried him off in triumph to Paris,^f where, by her influence with M. Guizot, she obtained for him the authorization to practise. This second marriage, which took all his friends by surprise, is certainly a very unexpected *dénouement* in the last act of Hahnemann's life-drama. We trace with interest the progress of the man of science

^f Pretty fables are related of the difficulty Hahnemann experienced to get out of Cœthen, in consequence of the extreme affection of the respectable Cœtheners, whose love is said to have taken a physical-force direction, and to have rendered it necessary for Hahnemann to make his escape from the ardour of their embrace under the protecting veil of night. This, I may observe, is a mere romance. Hahnemann drove away from Cœthen, accompanied by his wife and family, in broad daylight, amid the respectful salutations and heartily-expressed good-wishes of the honest burghers of Cœthen, whose town he benefited much during his life, by the afflux of patients to seek his advice, and to which his great name still lends a halo of glory, which the erection of a magnificent gambling-house to supply his loss has not altogether obscured.

through his childhood's innocence, his youth's studious hours, his manhood's struggles with adversity, and indefatigable search after truth, until the final triumph and success of the aged philosopher. We note his habits of study, contemplation, and observation of nature; his retired, almost unsocial life; his devotion to the one great aim of his existence. We see him thus engaged up to a period of life exceeding the term of ordinary old age—when suddenly he takes a gay Parisian damsel to wife; the monotonous life of the dull country town and the accustomed seclusion of domestic retirement delight him no longer; and he hurries off to the capital of the *beau monde* with his youthful and elegant bride. This marriage, which comes upon us so abruptly, produced a total revolution in Hahnemann's habits and tastes. In Paris, we find him entertaining company and accepting invitations; frequenting the opera, and partaking moderately of the dissipations of the gay capital, and no longer confining his medical practice to the consultations at his own house, but visiting patients at their residences, like any other practitioner, which he had not done in Germany for more than twenty years previously. He seems to have entered on this novel course of life with great zest; and his new wife, to judge from his letters and the testimony of observers, rendered the latter years of his life extremely happy.

Notwithstanding this extreme change in his habits and occupations, he found time to make many and important additions to his great work on chronic diseases, of which he brought out a second edition after his removal to Paris, and it is said he was preparing for the press sundry other works of great importance to homœopathy, which he was dissuaded from publishing by his wife. There is a tradition current among homœopaths, that Mme. Hahnemann retains under lock and key, for her own private study doubtless, untold treasures of provings, cases, practical remarks, and new and revised editions of his works, which it would delight the hearts of all his disciples to see given to the world.

Hahnemann survived his migration to Paris eight years, and died there full of years and of honour, at the age of eighty-nine, on the 2nd July, 1843.

He was buried in the cemetery of Montmartre, and his body was attended to the grave by only four of his nearest relatives. We might have wished that a man, who had acted such an important part in the world's history, had had a less meagre attendance to his last resting-place.

Such is a brief outline of the life and labours of Hahnemann, whose name, even by the admission of those most wildly opposed to his doctrines, must henceforth form an epoch in the history of medicine, as the founder of a school which has gained more adherents and roused up more assailants, written more books, and exercised a more important influence on the art of medicine, than any school or sect since the days of Galen.

The homœopathic principle, as a law of therapeutics, is an immutable law of nature, and is altogether independent of any individual; but the homœopathic system, or the doctrines and technicalities that have been agglomerated round that principle, bears the impress of the personality—the individuality of its author.

While, then, the principle bears the closest inspection, and gains ever more and more upon our belief and conviction the more searchingly we examine it, the system may naturally be expected to derive some of its characteristics from the peculiar mental constitution of the man who originated it; and hence it is that we find the homœopathic school, as it is termed, while they bow unhesitatingly to the principle and to the logical deductions that flow from it, disputing with Hahnemann inch by inch the doctrines, tenets, and technicalities which he has accumulated round this principle.

To facilitate our inquiries as to what parts of the system promulgated by Hahnemann belong to the domain of the unerring laws of nature, what derive a colouring and a bias from the individuality of the author, I think it is of great importance to endeavour to form a just estimate of his character and mental organization, and as I believe the circumstances of his life have exercised a considerable influence on his doctrines and precepts, and have contributed powerfully to the formation of his very

remarkable character, I have not hesitated, at the risk of fatiguing you, to employ the time allotted for this first lecture in laying before you the sketch of his life just read, and I shall now, with your leave, turn to a consideration of the character and mental constitution of the man.

The most striking peculiarity of Hahnemann's mind was his indomitable *perseverance* in following out the line of conduct he believed to be the true one, notwithstanding every difficulty and discouragement. Thus we have seen him as a boy persisting in devoting himself to study in spite of the opposition of his father, and poring over his books by the light of his contraband oil, in the primitive lamp of his own construction. In later years we find him eking out the means of his support whilst studying medicine, by teaching others his surreptitiously acquired knowledge, and translating books from various languages, with the contents of many of which he could have had little or no sympathy. It is related of him that he sat up every alternate night, and, in order to enable himself to do so, acquired that inveterate habit of smoking tobacco, which he continued to indulge in to the last. The means he took to chase away his slumbers in his youth thus became in after years the only luxury in which he indulged.

This perseverance was conspicuous in the means he adopted of pursuing his studies in the great medical school of Vienna, for which he carefully accumulated as much money as was sufficient to maintain him in that expensive capital for some time, had he not been defrauded of it, and thereby obliged to cut his studies prematurely short, and accept of a post in the remote town of Hermannstadt. As further proofs of this iron perseverance, I have only to remind you of his undeviating efforts to follow up the truth he discovered, and to perfect the system he originated, undeterred for one instant by the hard necessities of poverty, or by the sneers and persecutions of those who should most have befriended and encouraged him, his professional brethren. The inveterate and unceasing persecution to which he was subjected from the very commencement of his career,

and which increased in intensity as he developed his peculiar and novel doctrines, had not the slightest effect in making him relax in the least degree from his endeavours. His very first work of any importance, that on *Syphilis*, was, as he himself tells us, the subject of the most outrageous vituperations and abuse. Though this work was published long before he had any idea of homœopathy, the views he promulgated with reference to the destruction by caustics of the primary sore, and the employment of very small quantities of a new mercurial preparation, running counter as they did to the prevalent notions on the subject, called forth the most unwarrantable abuse from his critics. The same thing happened on the publication of his *Essay on a New Principle*; and every other step in the progress of his great and beneficent discovery was greeted with similar discouragement. In 1799, the more practical annoyance of the apothecaries' persecution was called into play, and the intrigues of his enemies drove him from place to place. With a large and increasing family to provide for, this system of persecution must have been the most painful and annoying to his feelings that could be devised. Wherever he went the espionage of the German Worshipful Company of Apothecaries accompanied him, and the moment he was detected dispensing his own medicines, a complaint was made on the part of that privileged guild that he was interfering with their vested rights. And it was no difficult matter to get evidence against him, for he held it to be indispensable to the right practice of his art to have the command over his own tools, and scorned to conceal that he dispensed his own medicines. Although all this persecution did not tend to make him swerve one jot from the line of conduct he had marked out for himself, it no doubt contributed greatly to his adoption of those secluded and recluse habits he was noted for in after-life, to render him intolerant of contradiction, and to make him view with suspicion, if not with enmity, any one who ventured to differ from him by ever so little. Many of the acts which this disposition led him to commit are greatly to be lamented. Thus he took upon himself to summon to Cœthen the

Homœopathic Society he had founded only three years previously, though the place of meeting had been fixed for Leipzig, because he was told that some of his doctrines were opposed by some of its members; and the next year he pronounced the dissolution of the Society on the same grounds. His intolerance for those who differed from him latterly attained to such a height, that he used to say, "He who does not walk on exactly the same line with me, who diverges, if it be but the breadth of a straw, to the right or to the left, is an apostate and a traitor, and with him I will have nothing to do." Dr. Gross, who was one of his most industrious disciples, and enjoyed his most perfect intimacy, having lost a child, wrote in the sorrow of a bereaved parent to Hahnemann, and said that his loss had taught him that homœopathy did not suffice in every case; this gave great offence to Hahnemann, who never forgave Gross for this remark, and never afterwards restored him to his favour. The hospital that had been established in Leipzig by private subscription was also the scene of Hahnemann's intolerant spirit, for he never rested satisfied until the talented and zealous physician, Dr. M. Müller, who had the charge of it, and who performed the duties most efficiently and without payment, but who did not please Hahnemann because he ventured to exercise an independent judgment, was replaced by one entirely disposed to swear *in verba magistri*, with a salary of 300 thalers per annum.⁵ This spirit of intolerance of any difference of opinion on the part of those professing to be his disciples, which showed itself in many different ways, was doubtless

⁵ The injudiciousness of this arrangement soon became apparent, for the salary excited the avarice of an individual named Fickel, and he did his utmost to obtain the situation. Among other expedients to gain his object, he published a little book purporting to contain symptoms of various medicines, and cures effected by them. He so ingratiated himself with the managers by his apparent zeal, that he at length got the situation; but shortly afterwards the fraudulent character of his pretended physiological proofs was fully exposed by the celebrated homœopathic physician, Dr. A. Noack, and Master Fickel was speedily ejected from his post. To revenge himself, he published a book entitled *Direct Proof of the Nullity of Homœopathy*, respecting which it may be said that it is nearly on a par as to truthfulness with his former would-be homœopathic work. The last thing known about him is that he was suffering imprisonment for some swindling transaction. This respectable individual is a great authority with the allopathic writers against homœopathy, in this country. His career is too well known in Germany to allow him to be used there with equal effect.

partly occasioned by the violent opposition and persecution he had met with, and which had led him to retire as it were within himself, and adopt that almost hermit-life which we have seen him leading, whereby his own ideas not being modified or enlarged by the collision of independent minds with his own, always bore the distinctive characteristics of his own peculiar mental organization sharply defined, and anything that did not chime in exactly with his own standard for the time being was looked upon by him with suspicion and dislike. The reports, insinuations, and misrepresentations of those few persons who retained his intimacy by agreeing with him in everything he said, had also, it would seem, the effect of making his judgments on others more harsh than they would have been had he known them or suffered them to discuss with him their ideas. It should also be mentioned, his confidence in others had on several occasions received rude shocks, more especially in the case of a young physician of the name of Robbi, who insinuated himself into his intimacy by feigned respect and admiration for his genius, and subsequently turned round and was one of the foremost in ridiculing the system of the man for whom he had expressed such esteem. This circumstance, which occurred soon after his arrival in Leipzig, no doubt made him suspicious and impatient of the opposition of others. I am of opinion that it would have greatly contributed to the more general adoption of homœopathy had Hahnemann been more a man of the world, and had he taken into his confidence some of those of his followers who were distinguished for their independence of thought and proficiency in the medical sciences. Homœopathy would in that case not have presented such a harsh contrast, and stood in such violent antagonism to the old system of medicine; for what was good and true in the latter would have been adopted and amalgamated with the reformed system to its advantage; and the improvements and discoveries in physiology, pathology, and chemistry would have probably been made use of by Hahnemann for the development of his system, had these not proceeded from members of a party that had declared war to the knife against Hahnemann and the new school,

and ruptured every bond of amity between them. Who can doubt that the inveterate enmity and persecution of the apothecaries had its certain amount of influence in giving a bias to Hahnemann's mind on the subject of the dose, and that it ultimately led to that Procrustean standard for regulating the dose which Hahnemann adopted, without sufficient grounds as I believe? Who can doubt that the forced retirement of Hahnemann, and the unfortunate resolution he adopted of never visiting patients, must have latterly confined his practice almost entirely to one class of patients, those affected with chronic diseases, and that had he seen more acute diseases, his practice would have been considerably modified? The persecution of the apothecaries began in 1799. Previous to this time Hahnemann had given material and palpable doses, as we learn from the cases he published anterior to that date. In 1800 we first meet with anything like infinitesimals, and these only in certain cases. As the opposition of the apothecaries became more violent, and the injury they inflicted on him, pecuniarily and otherwise, more severe, Hahnemann's doses became more and more refined and attenuated, until at length we find him stating that the mere smelling at a globule is not only sufficient but the best of all methods of administering the remedy: and he adds, with marked emphasis, that *this will enable us to dispense entirely with the apothecary's services.*^h When he got out of the sphere of the apothecaries' influence and annoyance he entirely altered his mode of giving the remedy, and the method he adopted in Paris, which I have elsewhereⁱ described, is a much nearer approximation to the method of the dominant school.

But although the persecution of Hahnemann is to be regretted for the unfortunate influence it exercised on his doctrines in some respects, yet it is probable that on the whole this persecution was not altogether disadvantageous to the internal development of the new system. The myth of Prometheus chained to the solitary rock with the vulture gnawing at his liver is an emblem of the fate

^h *Organon*, § cclxxxviii., note.

ⁱ See my translation of the *Organon*, page 302, note.

that awaits all who have the presumption to steal celestial fire; they are mostly condemned to solitude, their great minds can find no companionship among the common herd of mankind, and they are incessantly preyed upon by the ever-greedy vulture of envious detraction. Perhaps it is best for the new truths that their discoverers should be so treated. Their isolation and forced retirement from the world enable them to work more constantly at their subject, and to develop it by the light of their own great minds, unswayed by the well-meaning but obstructive aid of self-sufficient but shallow friends, who are generally the most officious and persevering in their injudicious suggestions. Though, by the enforced intellectual solitude on the part of the discoverers of new truths, the systems they build up may appear to be deficient in catholicity, and to bear too prominently the stamp of their authors' individuality, yet, on the other hand, there is no fear of their truths being lost amid a medley of distracting doubts and irrelevant fancies, that would not fail to suggest themselves to the various minds of a multitude of learned pundits. The persecutions endured by the pioneers of truth serve only to stimulate them more so to work out and perfect their truth, that their very enemies and persecutors shall be forced ultimately to bow down before it. While the sham melts away like snow before the fire of persecution, the truth is only rendered more bright and more compact by it, as the soft iron only becomes steel by passing through the furnace. That Hahnemann felt and felt deeply the unjust calumnies and unceasing persecution to which he was subjected we have ample evidence from various passages in his works from the year 1800 onwards. Among the papers found at his death one bore the following inscription, intended as an epitaph on his tomb, which reads like the last sigh of a martyr—*liber tandem quiesco*.

Another quality of Hahnemann's mind, his *conscientiousness*, is strikingly displayed in his abandoning the lucrative practice of medicine when his faith was shaken in it, and supporting his family for some time upon the proceeds of his chemical discoveries, and by the tenfold greater labour of translating books for the publishers.

This quality is also shown in his refusal to adopt any mode of avoiding the persecutions of the apothecaries, which he might readily have done, either by setting up an apothecary of his own, or by dispensing his medicines secretly. Another, if possible, still more striking trait of conscientiousness which I have not found alluded to elsewhere, is this. After his first discovery of the homœopathic therapeutic law, he contented himself for some years with making a collection of the morbid effects of various poisonous and medicinal substances from the writings and observations of the more ancient and the modern toxicologists and experimenters. In this way he collected together a tolerable pathogenesis of many powerful substances, and on this basis he endeavoured to practise. He published the results of his first trials of his system upon these data in 1796 and the two following years. But he soon found that the records of the toxicologists and others were inadequate to afford him sufficiently accurate pictures of morbid states corresponding to the natural diseases he had to treat, and he saw that there was nothing for it but to test the medicines and poisons accurately, carefully, and systematically upon the healthy individual. As yet he knew not if such trials might not be fraught with danger to his constitution and shorten life; but he did not shrink from what he considered a sacred duty, and he boldly set about the gigantic task—a task, I may safely say, from which any ordinary mind would have recoiled in dismay. How he executed his task I need not relate. The ten volumes of provings he has left us are an eternal monument to his energy, perseverance, conscientiousness, and self-sacrifice. “When,” says he, “we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime!”

We may form some idea of Hahnemann’s immense *industry* when we consider that he proved about ninety different medicines, that he wrote upwards of seventy original works on chemistry and medicine, some of which were in several thick volumes, and translated about twenty-four works from the English, French, Italian, and Latin, on chemistry, medicine, agriculture, and general

literature, many of which were in more than one volume. Besides this he attended to the duties of an immense practice, corresponding and consulting, and those who know the care and time he expended on every case, the accuracy with which he registered every symptom, and the carefulness with which he sought for the proper remedy, will be able to estimate what a Herculean labour a large practice so conducted must have been. When I add that he was an accomplished classical scholar and philologist, and that he had more than a superficial acquaintance with botany, astronomy, meteorology, and geography, we shall be forced to acknowledge that his industry and working powers bordered on the marvellous.

His *goodness of heart and generosity* appear on various occasions. In the fragment of autobiography I have before alluded to, after relating that he was swindled out of the hard-earned gains by means of which he hoped to pursue his medical studies in Vienna, he says that the person who injured him was afterwards sorry for what he had done, so he freely forgives him, and will not mention either his name or the circumstances of the transaction. His enemies and some of his professed friends have accused him of avarice, founding this charge on the fact that he demanded high fees, made his corresponding patients pay for the consultation on receipt of the letter, and that he lived in a style not suited to his wealth. His frequent struggles with the direst poverty^k had no doubt taught him, by many cruel lessons, the value of money, and we can scarcely wonder that he was rather economical and saving, more especially as he had a large family,

^k I cannot refrain from mentioning here an anecdote connected with this subject, as it was related to me by one of Hahnemann's family, which will convey a vivid idea of the poverty they endured. During his residence at Machern, after toiling all day long at his task of translating works for the press, he frequently assisted his brave-hearted wife to wash the family clothes at night, and as they were unable to purchase soap they employed raw potatoes for this purpose. The quantity of bread he was enabled to earn by his literary labours for his numerous family was so small that, in order to prevent grumbling, he used to weigh out to each an equal proportion. At this period one of his daughters, a little girl, fell ill, and being unable to eat the portion of daily bread that fell to her share, she carefully put it away in a box, hoarding it up child-like till her appetite should return. Her sickness, however, increasing, she felt assured that she should never recover to enjoy her store, so she one day told her favourite little sister that she knew she was going to die, that she should never be able to eat any more, and solemnly made over to her as a gift the accumulated fragments of hard, dried-up bread, from which she had anticipated such a feast had she recovered.

nine of whom were daughters, from whom he might any day be cut off, and whom he would not like to leave portionless. That this was his real motive is evident from the circumstance that when he left Cœthen for Paris he divided his fortune, amounting to 60,000 thalers, or about £10,000 sterling, among his family. If he took large fees he did so both because he had a very high idea of the dignity of his profession, and because he well knew the value of the services he rendered to his patients, and the amount of labour he had undergone in order to be enabled to render such services. To the poor he was liberal, in giving them the benefit of his advice gratuitously. As for the other charge brought against him of making the patients pay for the consultation on receipt of the letter, I think that was an arrangement which concerned Hahnemann's patients alone, and if they did not object to it, surely his colleagues had no occasion to find fault. Hahnemann rather deserved the thanks than the censure of his colleagues for devising and introducing a method whereby the just interests of the profession were protected.

As to his religious principles, Hahnemann was brought up in the Lutheran persuasion, but he could not be said to have adopted the tenets of that or any other sect of Christians. His principles, as we gather them from his works, were nearly these:—He believed in the ruling providence of an all-good and all-bountiful God, and he held that every man was bound to his utmost to benefit his fellow-men according to the particular faculties with which each was endowed. He traced every good thing to the hand of the almighty and beneficent God, to whom he always gave all the glory for all the good he was enabled to confer on his brethren of mankind, and denied to himself any merit for what he had done.

"One word more," he says, writing to Stapf in 1816, "be as sparing as possible with your praises. I do not like them. I feel that I am only an honest, straightforward man, who does no more than his duty."

Again, in his famous letter to Hufeland, he writes: If experience should show you that my method is the best, then make use of it for the benefit of humanity, and give God the glory!"

Here is a striking sentence indicative of his sense of the high dignity of our profession. He is alluding to his discovery of the prophylactic for scarlet fever: "The furtherance of every means, be it ever so small, that can save human life, that can bring health and security, (a God of love invented this blessed and most wondrous of arts!) should be a sacred object to the true physician; chance or the labour of a physician has discovered this one. Away, then, with all grovelling passions at the altar of this sublime Godhead, whose priests we are!"

Hear his notion respecting the character of the offices of doctor and sick-nurse in the time of plague and pestilence. They are, he writes, "two persons ordained by God, and placed, like Uriah in the battle, in the thickest of the fight—forlorn hopes quite close to the advancing enemy, without any hours of relief from their irksome guard—two very much misunderstood beings, who sacrifice themselves at hard-earned wages for the public weal, and, in order to obtain a civic crown, brave the life-destroying, poisoned atmosphere, deafened by the cries of agony and the groans of death."

There is not a work of Hahnemann's which is not pervaded by the spirit of reverence for the Deity, whose humble instrument he feels himself to be, and love for his fellow-creatures, with which his truly benevolent heart overflows: "Oh, that it were mine!" he exclaims, after an examination of all the futile systems that had been proposed and adopted for the cure of diseases—"oh, that it were mine to direct the better portion of the medical world, who can feel for the sufferings of our brethren of mankind and long to know how to relieve them, to those purer principles which lead directly to the desired goal! Infamy be the award of history to him who, by deceit and fiction, maims this art of ours, which is intended to succour the wretched! All-compensating, divine self-approval, and an unfading civic crown to him who helps to make our art more beneficial to mankind!"

This he said in 1808, when the great truth was gradually developing itself under his hands. After thirty years spent in laboriously working out his system, and practically demonstrating that his were indeed those

purser principles whereby the cure of diseases was most easily and safely effected, he was able to make this solemn declaration:—

“My conscience is clear: it bears me witness that I have ever sought the welfare of suffering humanity, that I have always done and taught what seemed to me best, and that I have never had recourse to any allopathic procedures to comply with the wishes of my patients, and to prevent them leaving me: I love my fellow-creatures and the repose of my conscience too much to act in that manner. Those who follow my example will be able, as I am, on the verge of the grave, to wait with tranquillity and confidence till the time comes when they must lay down their head in the bosom of the earth, and render up their soul to a God whose omnipotence must strike terror into the heart of the wicked!”

The abnegation of all merit to himself for his many and irksome labours to perfect his art, and the humble acknowledgment of his gratitude and reliance on God, are strikingly shown in his memorable words upon his death-bed, the last utterance of his of which we have any record. Whilst suffering much from the pain and difficulty of breathing that attended his last fatal illness, his wife said to him, “As you in your laborious life have alleviated the sufferings of so many, and have yourself endured so much, surely Providence owes you a remission of all your sufferings.” To which the dying sage replied, “Me! and why me? Each man here below works according to the gifts and strength Providence has given him, and it is only before the fallible tribunal of man that degrees of merit are acknowledged, not so before that of God: God owes me nothing, but I owe Him much—yes, everything.”

Of all historical characters Hahnemann most nearly resembles the great religious reformer of the sixteenth century, Luther, to whom he was fond of comparing himself. We find in both the same energy and perseverance, the same dauntless proclamation of the truth, however disagreeable to constituted authorities, the same unflinching courage under the most annoying and wearing-out persecutions, the same cutting sarcasm and power of

caricature when stung into retaliation by the machinations of their enemies, and the same constant trust in Providence and assurance of the ultimate triumph of their principles. I cannot forbear quoting a passage from a letter of Hahnemann's that shows at once his independence of all extraneous aid for the spread of his doctrines, and his confidence of their eventual general adoption :—

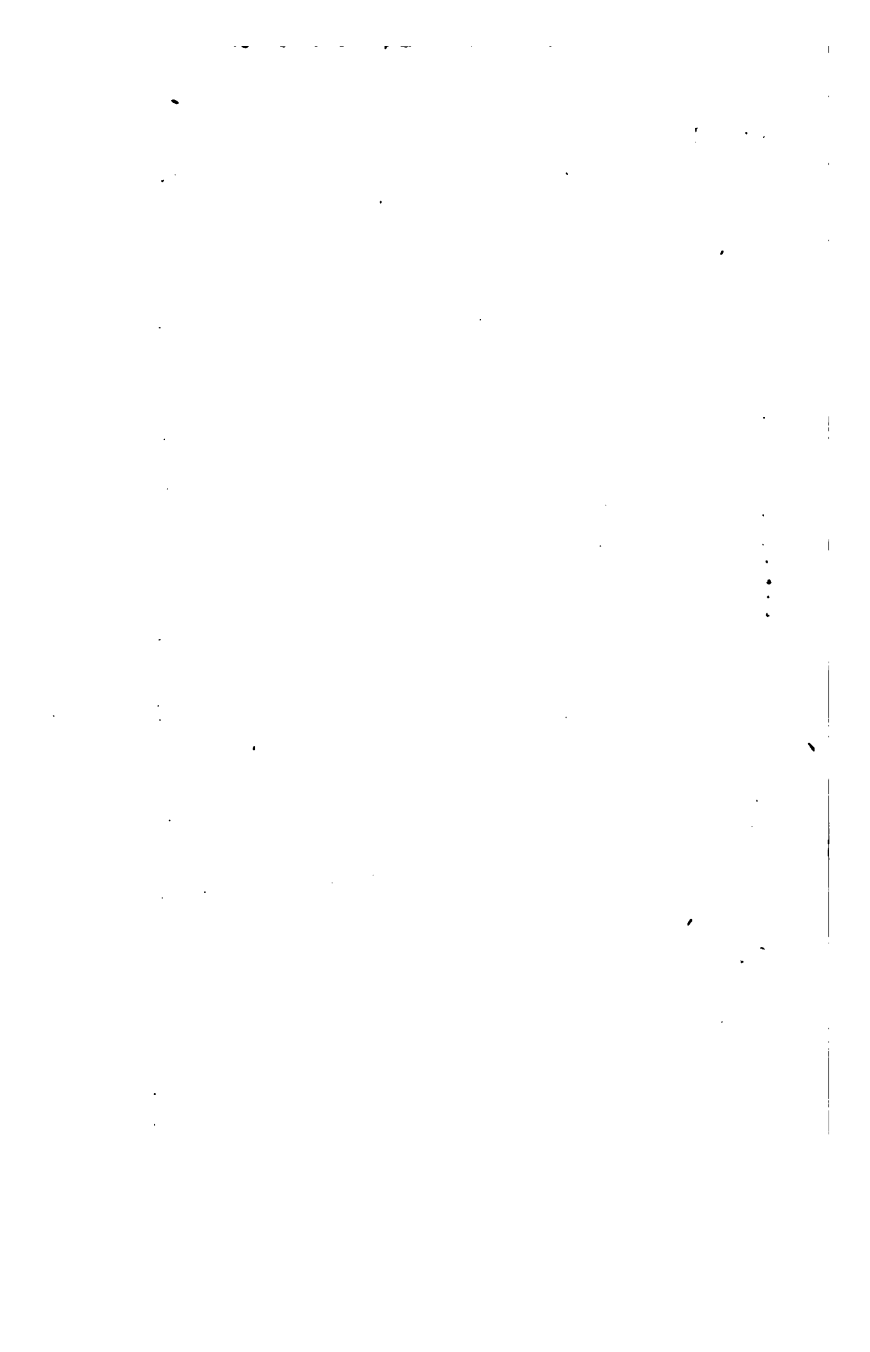
“ Our art,” says he, “ needs no political lever, no worldly badges of honour, in order to become something. Amid all the rank and unsightly weeds that flourish round about it, it grows gradually from a small acorn to a slender tree ; already its lofty summit overtops the rank vegetation around it. Only have patience ! It strikes its roots deep underground, gains strength imperceptibly, but all the more certainly, and in due time it will grow up to a lofty God's oak, stretching its great arms, that no longer bend to the storm, far away into all regions of the earth, and mankind, who have hitherto been tormented, will be refreshed under its beneficent shadow !”

In its effects upon the established school of traditional medicine, the reformation of Hahnemann strongly resembles that of Luther on the Roman Catholic Church. Abused, vilified, persecuted, the young medical school has gone on gathering strength and securing the support of men distinguished for their learning and rank, until at length it has become a formidable rival to the antiquated system, which it threatens every day to extinguish. As Luther's reformation sapped the foundations of the Romish hierarchy, so Hahnemann's has more than shaken the stability of the temple of Hippocrates, which it will eventually overthrow completely, and more effectually than Luther did the ancient Church, for experimental science is more sweeping in its effects than theological, and never rests until the last pillar of error is overthrown. As the Reformation had its pretenders and its fanatics, so has Homœopathy its charlatans and its bigots ; but as the impartial historian will not confound the errors and delusions of the erratic religionists with the Reformation, so may we hope that the extravagant fancies and visionary theories that have arisen out of Homœopathy may not be confounded with the real spirit of Hahnemann's great

medical reform. Almost every great truth has its unworthy adherents, who, like the parasitical plant, stifle and disfigure that whereto they cling and whereby alone they exist; but as the great oak survives and remains erect the monarch of the forest, long after generations of those inferior creatures to which it gave support have withered away and crumbled into dust, so the truth that Hahnemann revealed will outlive the memory of its unworthy parasites, and emerge from their unwholesome embrace a stately tree, a beacon of hope and a source of health and happiness to hundreds of unborn generations of suffering mankind.

Whilst pointing out the peculiarities in the life and character of Hahnemann which we may presume to have exercised an influence upon his doctrines and practice, I think the sketch I have given will suffice to show, from the whole course of Hahnemann's life, from the magnanimity and fortitude with which he endured poverty in order to pursue the one great aim of his existence, from the sacrifices he made for the cause of truth, and from the devotion with which he subjected himself for a long series of years to the most unpleasant and hazardous experiments, for the purpose of perfecting his system, that its author was formed of the stuff that the world's worthies are made of, and that if heroic constancy, amid the most discouraging circumstances, to one grand aim—that of benefiting humanity—constitutes a hero, Hahnemann eminently deserves to rank with the greatest of them, and the system originated by such a man merits the attention and study of all who are occupied with the cure of disease.

When the passions and prejudices engendered in the atmosphere of controversy shall have subsided, can we, who know the excellence of his system, doubt that the judgment of an impartial posterity will reverse the condemnation of the packed jury of prejudiced contemporaries, and award a niche in the temple of Fame, among the greatest of the world's heroes and benefactors, to the father of Rational Physic, SAMUEL HAHNEMANN?



LECTURES
ON THE
THEORY AND PRACTICE
OF
HOMŒOPATHY.

LECTURE I.

THE HOMŒOPATHIC PRINCIPLE IN MEDICINE BEFORE HAHNEMANN.

GREAT truths, universal laws of nature, important facts that must effect mighty revolutions in the arts or sciences, and exercise a powerful influence on man's destinies, have generally foreshadowed their discovery by some more or less obscure hints or beliefs among the generations who were not destined to derive the full benefit of their revelation, but who now and then, by vague or distinct utterances, betrayed a semi-consciousness of their existence, and whose instincts perceived what their reason failed to discover.

The ancient king to whom the Ptolemaic system of the planetary movements was being explained, and who impatiently, and somewhat blasphemously as has been thought, exclaimed that the Maker was a bungler to produce such confusion, and that he would have arranged their motions much better, thereby showed his instinctive repugnance to the explanation offered and his shadowy conviction of a better.

The philosophic Seneca scouted the idea of the motions of any of the heavenly bodies being irregular, and he predicted that the day would come when the laws that guided the motions of the comets would be proved to be identical with those that regulated the course of the planets—a prediction that was verified many centuries later by the discoveries of Newton; though even the sagacious Bacon accepted the common notion of the eccentric and irregular movements of comets.*

A passage of Seneca is often quoted to prove that the ancients had a vague idea of the existence of a great con-

* Nov. Org., lib. ii. 35.

tinient beyond the Pillars of Hercules, that were commonly believed to mark the boundaries of the world; and it is thought that Christopher Columbus first imbibed the notion of his great discovery from the traditions of the Icelandic mariners whose shores he visited.

A suspicion of the laws of gravitation, the full revelation of which we owe to Newton, is observable in the writings of Bacon. "If there be," says he, "any magnetic force which acts by sympathy between the globe of the earth and heavy bodies, or between that of the moon and the waters of the sea (as seems most probable from the particular floods and ebbs which occur twice in the month), or between the starry sphere and the planets, by which they are summoned and raised to their apogees, these must all operate at very great distances." (*Nov. Org.*, lib. ii. 45.)

Many anatomists before Harvey's time had inklings of the true character of the circulation of the blood; some indeed gave expositions remarkably near to the truth, especially the anatomist Realdus Columbus, who wrote twenty years before Harvey's birth. In proof of this assertion, I may just quote what he says. "The blood," he writes, "once it has entered the right ventricle from the vena cava, can in no way again get back; for the tricuspid valves are so placed, that whilst they give a ready passage to the stream inwards they effectually oppose its return. The blood continuing to advance from the right ventricle into the vena arteriosa, or pulmonary artery, once there cannot flow back upon the ventricle, for it is opposed by the sigmoid valves situated at the root of the vessel. The blood therefore, agitated and mixed with air in the lungs, and having thus in some sort acquired the nature of spirit, is carried by the arteria venosa, or pulmonary vein, into the left ventricle, from whence being received into the aorta, it is, by the ramifications of this vessel, transmitted to all parts of the body." So far his explanation is correct; but in his further explanation, Columbus gets into a maze of confusion, which shows us that his notions on the subject were not quite clear. Andreas Cæsalpinus of Arezzo also, who wrote ten years after Columbus, gives a similar explanation

of the circulation. Shakspeare himself has been quoted to show the popular idea of the circulation of the blood before Harvey's time. Thus he makes Brutus say to Portia—

" You are my true and honourable wife ;
As dear to me as are the ruddy drops
That visit my sad heart."

And he makes Warwick thus apostrophize the murdered body of Gloster—

" See how the blood is settled in his face !
—Oft have I seen a timely-parted ghost,
Of ashy semblance, meagre, pale and bloodless,
Being all descended to the labouring heart ;
Who, in the conflict that it holds with death,
Attracts the same for aidance 'gainst the enemy ;
Which with the heart there cools, and ne'er returneth
To blush and beautify the cheek again.
But, see, his face is black and full of blood."—*HEN. VI., Pt. II.*

Such anticipations, striking though they are, by no means derogate from Harvey's merit, but prove that the crude and hardly formed idea of his immortal discovery floated vaguely in men's minds before he gave it perfect utterance.

For many years before James Watt produced his marvellously perfect steam-engine, the application of steam to the movement of machinery had not only been proposed but actually carried out. Watt's merit consisted in perfecting the crude efforts of his predecessors, and elucidating the true principles on which this powerful agent might be most effectually and economically applied.

The great prophylactic of small-pox, with which Jenner's name is for ever bound up, was known to many as a thing of accidental occurrence, many years before his day, but he first thought of tracing it to its source, and employing artificially, for the weal of all mankind, an agent that had previously exercised its beneficial action on a limited number of individuals without their wish or will.

I might multiply instances of this sort, where the presentiment of a great truth existed long before it was clearly and distinctly enunciated ; but the above examples will suffice to make us suspect that if the law of cure with which Hahnemann's name is indissolubly connected be indeed a universal law of nature, some traces of it must exist in the records of the medical art, which now extend

over a period of near 3000 years. And such is indeed the case;^b for not only do we find vague presentiments of this one general therapeutic principle scattered throughout the writings of the great medical authorities of almost every age, and in some of them prominently set forth, but we find hints of it in the popular and domestic physic of almost all times and countries. In some cases it is adduced side by side with other and false therapeutic laws; in others a kind of universality is claimed for it; and again we shall detect it decked out in some fantastic disguise, or buried beneath mystic and obscure phraseology.

In one of the works attributed to Hippocrates, but commonly believed to be spurious, though of nearly equal antiquity, I mean the treatise *On the Places in Man*, the author makes the important admission, that though the general rule of treatment be *contraria contrariis*, the opposite rule also holds good in some cases, viz., *similia similibus curantur*. In illustration of the latter, he states that the same substances that cause strangury, cough, vomiting, and diarrhoea, will cure these diseases.^c Warm water, he says, which, when drunk, generally excites vomiting, will also sometimes put a stop to it by removing its cause. The treatment he advises for suicidal mania is a further illustration of the homœopathic principle. "Give the patient," says he, "a draught made from the root of mandrake, in a smaller dose than will induce mania." Curiously enough, in some of his pathological views, this writer also anticipated what has been

^b Dr. Christison to the contrary notwithstanding. In the Inaugural Address of this eminent toxicologist and professor of Materia Medica, for 1851, we find the following remarks in relation to homœopathy:—"It is undeniable," says he, "that all important discoveries in science at large are preceded by a period of incubation as it were, during which the world is gradually prepared to receive them. . . . There has been no shadow cast before the coming event, [homœopathy], no antecedent approximation, no universal adoption, no intruding claimant." My object in this lecture is to show that the great truth, revealed in its full splendour by Hahnemann, did cast its shadow before it in antiquity, and that there was an antecedent approximation to it in remote as well as more recent times, and I may further add, that intruding claimants are not wanting, though the universal adoption has not yet occurred.

^c Διὰ τὰ ὁμοία νοῦσος γίνεταί, καὶ διὰ τὰ ὁμοία προσφερόμενα ἐκ νοσούντων ὑγιαίνονται· διὸν στραγγουρίην τὸ αὐτὸ ποιεῖ διὰ τοῦτο, καὶ εὐδυσαν τὸ αὐτὸ παύει· καὶ βήξ κατὰ τὸ αὐτὸ, ὥστερ ἡ στραγγουρίη ὑπὸ τῶν αὐτῶν γίνεταί καὶ παύεται—διὰ τὸ ἐμέειν ἐμετος παύεται. (Περὶ τῶν τῶν κατ' ἀνθρώπων. Basil. 1538. frob. pag. 72, lin. 35.)

specially insisted on by Hahnemann, namely, that there can be no such thing as a local disease, but if the very smallest part of the body suffer, it will impart its suffering to the whole frame.

The author of the work *De Morbis Popularibus*, supposed to be the great Hippocrates, has the following homœopathic formula: "Dolor dolorem solvit," equivalent to the popular saw that one pain cures another. The same maxim is repeated in the *Aphorisms* (§ ii. 46), where it is said, "Of two pains occurring together, not in the same part of the body, the stronger weakens the other." A few more instances from Hippocrates may be cited to show the partial knowledge he had of this natural law. "The cold stomach," he says, in the *Aphorisms*, "delights in cold things." In the same book of *Aphorisms* (§ v. 17), he states that cold water causes convulsions, tetanus, rigor, and stiffness; and in another, that affusion with cold water in tetanus will restore the natural warmth (§ v. 21). Again, cold things, such as snow and ice, cause hemorrhages (§ v. 24), and yet cold water is to be used for the cure of hemorrhages (§ v. 23). In the book *De Internis Affectionibus*, he says, when in summer, after a long walk, dropsy is produced by the hasty drinking of stagnant or rain water, the best remedy is for the patient to drink himself full of the same water, for that causes increased stools and urine. In the book *De Morbo Sacro*, he says of epilepsies, "Most of them are curable by the same means as those by which they were produced." (*Adams's Hipp.*, 857.) The epistle of Democritus to Hippocrates, in the apocryphal collection called the *Epistles of Hippocrates*, contains a passage that recognises the homœopathic principle. It is as follows:—"Hellebore given to the sane pours darkness on the mind, but it is wont greatly to benefit the insane."

None of the schools of antiquity can show so many points of resemblance to the Hahnemannic doctrines as the so-called empirical school. As this was the school which most emphatically insisted on the observation of nature and discountenanced theorizing, we might naturally expect to find some analogy between their practice

and that of Hahnemann, deduced, as the latter is, avowedly from the observation of nature. The empirical school recognised the necessity of instituting experiments to ascertain the pathogenetic powers of drugs, and actually set about doing so. Thus we find Erasistratos of Julis (304 B.C.) giving some account of the action of poisons, not very satisfactory it must be confessed, but still showing the importance he attached to such experiments. Heraclides of Tarentum wrote a treatise upon the effects of the bites of poisonous animals. Mithridates king of Pontus (124-64 B.C.) tried animal and vegetable poisons on himself and on animals, for the purpose of ascertaining their effects, and another royal medical dilettante, Attalos Philometer king of Pergamos, experimented with digitalis, hyoscyamus, veratrum, hemlock, etc. Nicander of Kolophon,⁴ a poet as well as a physician, has recorded the physiological action of a great array of animal and vegetable substances in his two poems entitled *Theriaca* and *Alexipharmica*. Among other things, these poetical *Materia Medica*s or pathogenetic poems contain accounts of the effects of seven different kinds of serpents, four kinds of spiders, as many different species of scorpions, various kinds of beetles, salamanders, toads; besides the poisonous action of aconite, coriander, hemlock, solanum, henbane, opium, white lead, etc. etc. Nicander also recognises the homœopathic, or, perhaps more correctly speaking, the isopathic principle; for he recommends for the dangerous effects of viper-bites, the liver or head of the reptile macerated in wine or river-water, and for poisoning by the toad called *rana nubeta*, the cooked flesh of frogs.

Another of the empirical school, Xenocrates of Aphrodisias, who flourished some ages before Galen, recommended the blood of young goats as the best remedy for hæmoptysis; indeed, he anticipated the modern isopaths of the Hermann stamp, for he wrote a work commending the therapeutic virtues of excrementitious matters, such as bile, urine, menstrual blood, etc., when given on similar principles. Ecchymosis, especially of

⁴ Kurt Sprengel's *Geschichte der Arzneikunde*, 4th edit., vol. i. p. 595.

the eyes, was to be treated by the local application of pigeon's blood, asthma by dried and pulverized fox's lungs, affections of the liver by dried wolf's liver, diseases of the spleen by roasted bullock's spleen, hydrophobia by the saliva found under the tongue of the rabid dog, or by the internal use of its liver.* Another empiricist, Varro, advises those bitten by an asp to drink their own urine. It was a common practice to apply the entrails of a viper to the part bitten by one, and the internal use of the theriac, which contained viper's flesh as a chief ingredient, was used for the same purpose. It was also generally believed that the poison of spiders, scorpions, lizards, etc., was most effectively antidoted by some portion of their bodies. Thus Quintus Serenus says:—

“Quæ nocuit serpens fertur caput illius apte
Vulneribus jungi, sanat quæ sauciat ipsa.”

And Celsus, who flourished long after the period I am speaking of, says (lib. v. c. 27):—“Nam scorpio sibi ipse pulcherrimum medicamentum est. Quidam contritum cum vino bibunt; quidam eodam modo contritum super vulnus imponunt; quidam, super prunam eo imposito, vulnus suffumigant, undique veste circumdatâ, ne is fumus dilabatur; tum carbonem ejus super vulnus deligant.” This belief in the self-curative power of the scorpion is entertained, I know not with what justice, to the present day in many countries.† Such facts or beliefs have evidently given rise to the proverb—“Venenum veneni est remedium,” a notion that has been seized upon by the author of *Hudibras* in the lines

“As wounds by wider wounds are healed,
And poisons by themselves expelled.”

The examples just quoted from the empirical authors are certainly more within the domain of isopathy than of homœopathy, still they suffice to show the existence of a sort of instinctive notion that the remedy must act in the same sense as the morbid agent; and as the line of demarca-

* Pliny (xxiii. 23) says that the hydrophobia produced by the bite of a rabid dog is immediately removed by putting a rag dipped in menstrual blood beneath the vessel the patient drinks out of, because dogs become rabid from swallowing such blood.

† E.g., Morocco (Jackson's *Morocco*, p. 188); and Italy (G. T. Wilhelm, *Naturgeschichte*, Thl. iii. p. 342).

tion betwixt homœopathy and isopathy is not very well marked, we may take them as a rough and rude expression of the principle *similia similibus*.

Galen himself, the father of allopathic physic, the champion of the motto *contraria contrariis curantur*, may be impressed into the service of homœopathy from many a phrase in his writings, where he gives his testimony—truly with reservations mostly,—but still striking testimony to the occasional truth of the opposite maxim. I make no account of such phrases as this, “*Similia efficere posse similia experti sumus*,” (*De Simpl. Medicam. Facultatib.*, lib. x.) which is merely a formula of the empirical or experimental doctrine; but the following passages are less doubtful acknowledgments of the homœopathic principle: “*Similia similibus Deus adjungit*.” (*De Theria. ad Pison.*) “*Simile ad sibi simile natura fertur*.” (*De Semine*, ii.) “*Simile ad suum simile tendit naturaliter*.” (*De Util. Resp.*) “*Simile est congruum et amicum*.” (*De Inaq. Intemp.*) These formulas do not, it is true, refer to the relation of drug and disease, but they are the acknowledgment of an attraction of likes to likes in nature,^s which might be extended to therapeutics, and he does actually occasionally recognise the homœopathic law in the treatment of disease. Thus we find him saying, “*Nam sicuti humidior natura humidiora, siccior sicciora medicamenta exigebat: ita nunc calidior calidiora, frigidior frigidiora requirere, contrariam scilicet semper iis, quæ præter naturam, et iis quæ secundum naturam sunt, indicationem præstantibus: quippe, quæ secundum naturam sunt, similia sibi indicativa sunt: quæ præter naturam, contrariorum, si modo illa servari, hæc submoveri necesse est*.” (*Method. Medend.*, lib. iii.) Again, speaking of the specific virtues of certain medicines, he says: “*Pharmacum attrahit determinatum humorem similitudine, seu proprietate substantiæ*.” This passage certainly admits of different interpretations; but his commentator Fallopius attaches quite a homœopathic meaning to the sentence. “*Galenus*,” he says, “*per similitudinem substantiæ intelligit*

^s Very similar to the principle by which Bacon attempted to account for some of the phenomena of what we now call gravitation. (*Nov. Org.*, lib. i. lxvi.)

naturam quandam corpoream, habentem *tale temperamentum, quod parum distet a temperamento illius quod attrahitur* ;” and with this maxim Fallopius not only expresses his entire concurrence, but says, with still greater explicitness, “Supponendum a vobis est, quod dico adesse quidem *similitudinem* substantiæ inter attrahens, et id quod attrahitur, *non autem identitatem*.” The meaning of which is that the quality (temperamentum) of the medicine must correspond in similarity to the quality of the disease, and also of its product, though they must not be identical.

The next name of importance as an authority in the medical art whom we find distinctly enunciating the principle of homœopathy, is the author who wrote under the pseudonyme of Basil Valentine, a Benedictine monk it is believed, who lived about the year 1410, in the convent of St. Peter at Erfurt. His words are: “Likes must be cured by means of their likes, and not by their contraries, as heat by heat, cold by cold, shooting by shooting; for one heat attracts the other to itself, one cold the other, as the magnet does the iron. Hence prickly simples can remove diseases whose characteristic is prickly pains; and poisonous minerals can cure and destroy symptoms of poisoning when they are brought to bear upon them. And although sometimes a chill may be removed and suppressed, still I say, as a philosopher and one experienced in nature’s ways, that the similar must be fitted with its similar, whereby it will be removed radically and thoroughly, if I am a proper physician and understand medicine. He who does not attend to this is no true physician, and cannot boast of his knowledge of medicine, because he is unable to distinguish betwixt cold and warm, betwixt dry and humid, for knowledge and experience, together with a fundamental observation of nature, constitute the perfect physician.” (*De Microcosmo*.)

Theophrastus von Hohenheim, commonly known by the name of Paracelsus, who flourished in the sixteenth century, was a reformer of much the same character as Hahnemann, and though his doctrines never obtained for him the same number of followers as Hahnemann has,

and though the school he founded soon perished and disappeared, and his name was only remembered as that of a great charlatan, this was not owing to the unsoundness of the therapeutic doctrines he enunciated, which scarcely differed from many of those of Hahnemann; but the ephemeral character of his school was owing to the want of an express foundation for his therapeutic maxims in that great and signal merit of his modern rival, pure experimentation, or the proving of medicines on the healthy. I say an express foundation; for though, as I shall presently show, Paracelsus alludes to, he scarcely insists on the necessity of, pure physiological experimentation, giving no directions how it is to be carried out, and leaving its necessity rather to be inferred than enjoined. With a vigour equal to that of Hahnemann, he attacked the absurd methods of treatment prevalent in his time, for he saw as clearly as Hahnemann the defects of the ancient system, which, however, his assaults failed to overthrow; for the accusations he brings against the physicians of his age might be repeated of those of the present day, and were in fact re-echoed by our modern reformer. I may give a specimen of the mode in which he ridiculed the practice of the day, whereby you may judge of the resemblance betwixt his writings and those of Hahnemann.

"Suppose," says he, "the case of a patient sick of a fever, which ran a course of twelve weeks and then ended; there are two kinds of physicians to treat it, the false and the true. The false one deliberately, and at his ease, sets about physicking; he dawdles away much time with his syrups and his laxatives, his purgatives and gruel, his barley-water, his juleps, and such-like rubbish. He goes to work slowly—takes his time to it—gives an occasional clyster to pass the time pleasantly, and creeps along at his ease, and cajoles the patient with his soft words until the disease has reached its termination, and then he attributes the spontaneous cessation of the fever to the influence of his art. But the true physician proceeds to work in a different manner. The natural course of the disease he divides into twelve parts, and his work is limited to one part and a half."

“That man is a physician,” he goes on to say, “who knows how to render aid, and to drive out the disease by force; for as certainly as the axe applied to the trunk of the tree fells it to the ground, so certainly does the medicine overcome the disease. If I am unable to do this, then I acknowledge readily that in this case I am no more a physician than you are.”

Some of his contemporaries, however, were not so ready to admit themselves to be no physicians, though they could not cure; for an amusing anecdote is related of Sylvius, who, having an epidemic fever to treat, was so unsuccessful, that two-thirds of the respectable people of the town died. But this worthy was far from acknowledging that he was no physician in this instance; on the contrary, he wrote a very long and learned treatise on the disease, in which he alleges that his art was of the very best, and his remedies the most appropriate, but that God had denied his blessing to them, in order to punish the ladies and gentlemen of the place for their sins. A most pious and satisfactory reason for the great mortality, we all must admit.

Hahnemann, we know, classified all the methods of treatment under three heads, enantiopathic, allopathic, and homœopathic. Paracelsus divided doctors into five classes, under the names of Naturales, Specifici, Characterales, Spirituales, and Fideles. The first class corresponded to Hahnemann's enantiopathic, the second more closely resembled the homœopathic; but Paracelsus differed from Hahnemann in this, that whereas the latter denies that the enantiopathic and allopathic cure at all, Paracelsus says that each sect is capable of curing all diseases, and an educated physician may choose whichever he likes.

With the apothecaries Paracelsus was, like Hahnemann, on very bad terms. As in the case of the modern reformer, Paracelsus was first attacked by the Worshipful Society of Apothecaries, and he returned their persecution by withering sarcasm and contemptuous depreciation. The great ground of complaint on the part of the worthy fraternity was, that Paracelsus did not write long and complex

prescriptions but contented himself chiefly with simples, which brought no grist to the apothecaries' mill.

"So shamefully do they make up the medicines," he exclaims, "that it is only by a special interposition of Providence that they do not do more harm; and at the same time so extravagantly do they charge for them, and so much do they cry up their trash, that I do not believe any persons can be met with who are greater adepts in lying."

That the apothecaries of our own country were not much better about that period, or a little later, is evident from the expression of Walter Charleton, physician to Charles II., who says of them, "Perfida ingratiissimaque impostorum gens, ægrorum perniciēs, rei medicæ calamitas et Libitinæ presides."

"The apothecaries," continues Paracelsus, "are so false and dishonest, that they lead the know-nothing doctors by the nose. If they say, 'This is so and so,' Dr. Wiseacre says, 'Yes, Master Apothecary, that is true.' Thus one fool cheats the other: Apothecary *Quid-pro-quo* gives Dr. Wiseacre *merdam pro balsamo*; God help the poor patients that come under their hands!"

Hahnemann himself had not a greater horror of hypothesis in medicine than Paracelsus.

"The physician," he says, "should be educated in the school of nature, not in that of speculation. Nature is visible (*sichtig*), but speculation is invisible. The seen makes the physician, the unseen makes none; the seen gives the truth, the unseen nought."

To the theorizing adherents of Galen, he cries: "You are poets, and you carry your poetry into your medicine." He calls those authors who indulge in their subtle theorizing, "doctors of writing, but not of the healing art." He ridicules the idea of learning diseases or their treatment in books. "That physician," he says, "is but a poor creature, who would look to paper books alone for aid."

Paracelsus rails in good set terms at the compounding of several medicines in one prescription, and he exposes

the folly of composite recipes with a vigour, logic, and satirical humour not inferior to that displayed by Hahnemann.

Like Hahnemann, he laughs at the notion of attempting to reduce all diseases to a certain number of classes and genera. "You imagine you have invented receipts for all the different fevers. . . . You limit the number of fevers to seventy, and wot not that there are five times seventy." How like Hahnemann, who says (*Organon*, § 73, note), "the old school has fixed on a certain number of names of fevers, beyond which mighty nature dare not produce any others, so that they may treat those diseases according to some fixed method." How like the commencement of Hahnemann's introduction to Arsenic is this passage of Paracelsus:—"What is there of God's creation that is not furnished with some great quality that may tend to the weal of mankind?" And yet he truly remarks, many things, if used rightly, are beneficial; if the reverse, poisonous. "Where is a purgative, in all your books, that is not a poison, that will not cause death or injury, if attention be not paid to the dose in which it is given? You know that quicksilver is nothing but a poison, and daily experience proves it to be so; and yet it is your custom to smear your patients with it thicker than the cobbler smears his leather with grease. You fumigate with its cinnabar, you wash with its sublimate, and you are displeased that it should be said it is a poison, which it is; and this poison you throw into human beings, alleging it is healthy and good; that it is corrected by white lead, as though it were no poison."

The Galenic maxim, *contraria contrariis*, finds no favour with Paracelsus. "*Contraria a contrariis curantur*," he says, "that is, hot removes cold and so forth—that is false and was never true in medicine; but *arcanum* and disease, these are *contraria*. *Arcanum* is health, and disease is the opposite of health: these two drive away one another; these are the contraries that remove one another."

In another place, he says something similar: "*Contraria non curantur contrariis*; like belongs to like, not

cold against heat, not heat against cold. That were indeed a wild arrangement, if we had to seek our safety in opposites."

Again: "This," says he, "is true, that he who will employ cold for heat, moisture for dryness, does not understand the nature of disease." (*Paramirum*, p. 68.)

The homœopathic principle is still more completely set forth in his treatise, *Von der Astronomie*. He there says: "The nature of the arcana is, that they shall go directly against the properties of the enemy, as one combatant goes against another. Nature wills it that in the combat stratagem shall be employed against stratagem, etc., and this is the natural case with all things on earth; in medicine, also, the same rule prevails. The physician should let this be an example to him. As two foes go out to the combat, who are both cold or both hot, and who attack one another both with the same weapon: as the victory is, so also is it in the human body; the two combatants seek their aid from the same mother, that is, from the same power."

Still more distinctly he enunciates our principle in these words: "What makes jaundice that also cures jaundice and all its species. In like manner, the medicine that shall cure paralysis must proceed from that which causes it; and in this way we practise according to the method of cure by arcana." (*Archidoxis*, vol. iii. pt. v. p. 18.)

Paracelsus's system, as far as we can learn it from his works, was a rude homœopathy, an attempt to discover specifics for the various diseases to which man is liable; but it was not equal in value to Hahnemann's system, for an uncertainty almost as great as that of the old system attended it. He believed that in nature there existed a remedy for every disease. The physician, from the external symptoms, was to judge of the organ diseased, and for the cure of the disease he was to select that medicine which experience had shown him exerted a specific influence on the organ affected. He would not have us speak of *rheumatism*, *catarrh*, *coryza*, etc., but of *morbis terebinthinus*, *morbis sileris montani*, *morbis helleborinus*, etc.; according as the malady presented the

character of one or other of these medicines, that is to say, affected the organs one of them had an affinity for.

This is, as I said, a rude homœopathy, but a homœopathy that did not sufficiently consider the character, but only the seat of the affection; and moreover a homœopathy that wanted the sure foundation of experiment on the healthy as the means of ascertaining the sphere of action of the remedies, but that trusted almost entirely to a laborious and empirical testing of the medicines on the sick—a source of the *Materia Medica* which Hahnemann has shown to be sufficiently untrustworthy. Still I would not say that Paracelsus was destitute of all knowledge of the pathogenetic effects of medicines, or that he entirely neglected this source for ascertaining the virtues of drugs; for some passages of his works would go far to prove the contrary to be the case. Thus the passage I have just quoted, “what makes jaundice that cures jaundice,” presupposes an acquaintance with what will cause the disease; and we find more evidence of this in other parts of his works. Thus he writes: “When antimony is ingested it causes a dry cough, much shooting pain in the sides, and headache, great hardness of the stools, much ulceration of the spleen, hot blood, it makes roughness and itching, dries up and increases the jaundice.” “Alkali causes oppression of the breathing, and foetid smell from the mouth, causes much *köden* [whatever that may be] to be ejected, causes much heartburn, griping, and tearing in the bowels, dries up, renders the urine acrid, produces pollutions, also blood from the anus,” etc. Such pathogenetic knowledge, however, is too vague and indefinite to have been of much use in practice; but it shows that Paracelsus was in the right direction, though he wanted the courage or perseverance to subject all his agents to the test of pure physiological experiment, and generally trusted to ascertaining their properties by trying them on the sick; a source be it remarked, *en passant*, which Hahnemann largely availed himself of, though, as I have just stated, he himself exposed its fallaciousness. Paracelsus resembles Hahnemann in still another point, that he recognised the primary and secondary actions of medicines. Speaking of vitriol, he says:

"As surely as it relaxes in its first period, so surely does it constrict in its second period," etc.

Paracelsus's system was eminently a system of specific medicine, and in many points his therapeutic rule resembles that of Hahnemann, and occasionally he makes use of a truly homœopathic phrase. Thus he says, "likes must be driven out (or cured) by likes;" but the meaning of this, in the Paracelsian sense, generally comes to this, that the disease of the brain, the heart, the liver, etc., must be expelled by that medicine which represents the brain, the heart, or the liver, in consequence of its specific action on one of these organs.

Thus he says: "Heart to heart, lung to lung, spleen to spleen—not cow's spleen, not swine's brain to man's brain, but the brain that is external brain to man's internal brain."

The next sentence I have to quote explains his meaning more thoroughly. "The medicinal herbs are organs; this is a heart, that a liver, this other a spleen. That every heart is visible to the eye as a heart I will not say, but it is a power and a virtue equivalent to the heart."

Another point of resemblance betwixt Paracelsus and Hahnemann is observable in the great partiality shown by both for extremely minute doses. In his book *On the Causes and Origin of Lues Gallica* (lib. v. cap. 11), Paracelsus compares the medicinal power of the drug to fire. "As a single spark can ignite a great heap of wood, indeed, can set a whole forest in flames, in like manner can a very small dose of medicine overpower a great disease. And," he proceeds, "just as this spark has no weight, so the medicine given, however small may be its weight, should suffice to effect its action." How like this is to Hahnemann: "The dose of the homœopathically selected remedy can never be prepared so small that it shall not be stronger than the natural disease, and shall not suffice to cure it." (*Organon*, § cclxxix.)

The following passage shows that Paracelsus anticipated Hahnemann in the employment of medicines by olfaction. Speaking of specifics, he says: "They have many rare powers, and they are very numerous; there is, for instance, the *Specificum odoriferum*, which cures diseases

when the patients are unable to swallow the medicine, as in apoplexy and epilepsy." (*Parac. Op.*, vol. iii. pt. vi. p. 70. Basel, 1589.)

I shall close my quotations from Paracelsus by a passage, which shows that, like Hahnemann, he considered the medicinal power as something spiritual, and separable from the material medicine—in idea, at least, if not in fact: "The medicine lies in the spirit and not in the substance (or body), for body and spirit are two different things."

I have said enough to show you the great analogy, the very striking resemblance betwixt Hahnemann's and Paracelsus's doctrines. I could not quote to you all the passages that are strikingly analogous to many in Hahnemann's works, but what I have adduced will have enabled you to judge of this great likeness for yourselves. It is impossible at this moment to say if Hahnemann was acquainted with Paracelsus's writings. From his extensive familiarity with the writings of medical authors, both ancient and modern, I should hardly suppose that he had not read the works of one so world-renowned as Paracelsus; but then not a syllable occurs in all his works regarding this wonderful and most original writer and thinker. The resemblance of some passages in the *Organon*, and in the minor writings of Hahnemann, to some parts of Paracelsus's works is so very striking, that it is difficult to believe that Hahnemann did not take them from Paracelsus; and yet had he done so, would he not have acknowledged the fact? It may be, after all, that the resemblance is purely accidental, and that the ideas that seem borrowed are just those that must necessarily occur to one who, like Paracelsus, had shaken himself free from the trammels of an antiquated and false system, and had set himself to study nature with his own eyes, unblinded by the distorting spectacles of the schools.

One of the immediate followers of Paracelsus, Oswald Croll, who has been accepted by Sprengel and others as a good exponent of Paracelsus's system, seems to have but ill understood his master's maxims when he says, "Cerebrum suillum phreniticis prodest; ideo etiam ii, qui memoriam amiserunt, cum juvamento nascuntur cerebro porcino cum myristica et cinnamomo aromati-

sato;" for, as I showed you just now, Paracelsus distinctly says, "not swine's brain to man's brain." The idea of Croll, however, is a further proof of the notion of a necessary analogy between disease and remedy.

Johannes Agricola, who flourished shortly after Paracelsus, after accusing his contemporaries of their inability to cure either cancer, lupus, fistula, or leprosy, says: "But if the subject be viewed in the proper light, it must be confessed that a concealed poison is at the root of such diseases, and this poison must be of an arsenical character; this poison must therefore be expelled by means of the same or a similar poison." He used arsenic for the cure of these diseases. Here, then, is another testimony to the homœopathic principle; for I do not imagine Agricola, in stating that the poison on which cancer, lupus, etc., depended was of an arsenical character, meant to say that it was actually arsenic, but only that it was analogous to arsenic in its effects, and, on the homœopathic principle, arsenic was its proper curative agent. He goes on to observe: "If a realgar disease is present, it must be cured with a realgaric remedy, and with none other." That is to say, as I conceive it, if we have a case of disease before us resembling the pathogenetic effects of realgar, we must treat it with that substance, and with none other,—a distinct declaration of the homœopathic principle.

A very similar thought is thus expressed by the great Danish astronomer, Tycho de Brahe: "Habent enim morbus istud cum sulphurea natura non parum commune, unde etiam per sulphur terrestre excellenter depuratum exaltatumque, præsertim si in liquorem gratum reclinatur, expeditius solvitur, tanquam simile suo simili. Neque enim id Galenicorum semper verum est: *Contraria contrariis curari*." (*Tycho, Epist. Astron.*, p. 162.)

An ancient theologian, Johann Arndt, who died in the year 1621, thus gives testimony in one of his sermons, to the prevalence of a certain kind of homœopathy among the physicians his contemporaries:—"And as the physicians sometimes cure *contraria contrariis*, opposites with opposites, so," etc.; "but sometimes the doctors cure *similia similibus*, likes with likes, poison

with poison (as in *theriac*), so," etc. This passage proves that the occasional homœopathic practice and theory of the physicians was a matter of common notoriety, and was used as a familiar illustration by popular preachers; and that the relative value of the allopathic and homœopathic principles formed an occasional subject of discussion in those days, is evident from the following theses: *J. Petri Angermanni, præs. J. Frank, de nobili illa questione: an contraria contrariis vel similia similibus curentur: Upsala, 1641*; and *Dissert. de curatione per similia: Præsidi M. Alberti, respond. F. A. La Brugniere: Halæ, 1734*, of which I regret I can only give the bare titles.

Our own Milton bears testimony to the truth of the homœopathic principle, and proves that it was a well-recognised truth in his day, in the following passage from the preface to *Samson Agonistes*:—

"Tragedy, * * * * said by Aristotle to be of power, by raising pity and fear or terror, to purge the mind of these and such-like passions. * * * * Nor is nature wanting in her own efforts to make good his assertion, for so in physic, things of melancholic hue and quality are used against melancholy, sour against sour, salt to remove salt humours," etc. etc.

I have thus brought before you a goodly array of authorities among the scientific and enlightened representatives of medicine, science, and literature of the remotest antiquity and of the middle ages, to show you that the principle *similia similibus* was more or less recognised by them; by some of them even to the exclusion of all other therapeutic principles. I shall now call your attention to another testimony to the intuitive idea in favour of such a therapeutic principle, which was chiefly prevalent among, but not entirely confined to, the more uneducated practitioners and popular empirics of the dark ages.

We find a curious doctrine, that seems to have asserted a certain claim to attention throughout almost every age, to the effect that the outward and visible form, the taste or the smell of medicinal substances furnished us with the means of discovering their therapeutic

powers. This doctrine was called the doctrine of *signatures*. The signature or physical properties of the vegetable or mineral medicine would, it was alleged, in many instances, give us the key to its remedial virtues. I shall enumerate a few examples illustrative of this doctrine of *signatures*, which was in high reputation in the middle ages, and traces of which are to be found among the people in our own times.

The flower of the little plant *euphrasia* bears no very remote resemblance to the iris of the eye, and this was held to indicate its usefulness in diseases of the eye, especially dimness of vision. Its name in almost every European language indicates a virtue of this sort—*eye-bright*, *augentrost*, *casse-lunettes*—sufficiently demonstrate the honour in which it was held as an ophthalmic remedy by the inhabitants of the three countries, England, Germany, and France. Milton alludes to its popularly credited power to clear the dim eyesight in his *Paradise Lost*, where he makes the Archangel Michael give it to Adam to improve his vision—

“then purged with euphrasy and rue
The visual nerve, for he had much to see.”

And Shenstone says—

“Yet euphrasy may not be left unsung,
That gives dim eyes to wander leagues around.”

Orchis-root bears some distant resemblance to the human testicles, which gained for it a celebrity in the treatment of impotence.

The colour of *turmeric* and of *berberis bark* secured for them a reputation in jaundice, as did also the yellow juice of the *chelidonium*; *rhubarb* and *aloes*, for the same cause, were the antibilious medicines of our forefathers, and perhaps they perform the same duty for our contemporaries under the title of *Cockle's pills*.

The *hypericum perforatum*, when crushed, yields a blood-red juice, a certain sign that it must be a specific in hemorrhages. The powerful action of the juice of the *poppy* on the head is pointed out to us by nature, who has fashioned the seed-receptacles of that plant into the shape of the human head, and, to obviate all dubiety, has placed an imperial crown upon the top. The *ranunculus ficaria* and

the *scrophularia nodosa* have roots that resemble each other, and bear some distant likeness to hemorrhoidal protrusions, therefore both these plants were extensively used for the cure of piles. The red dye obtainable from *madder* was held to be not more useful for colouring cloth than indicative of a power in that vegetable to promote the similarly-coloured catamenial discharge. The *saponaria* enjoyed a considerable reputation as a solvent and detergent medicine, because, forsooth, the decoction of its root, when agitated, forms a froth like soap-suds, the solvent and detergent qualities of which are well known to every washerwoman. Nay, from the purifying properties of *soap* itself on external objects, its purifying and solvent effects upon the internal organism were logically inferred. The *cassia fistula* has a form not unlike a bit of bowel inflated, dried, and painted black, and this was sufficient to lead the aruspices of medicine to pronounce it a valuable medicine for the bowels. He must be blind indeed who cannot see the striking resemblance of the *lemon* to the human heart, in spite of every difference of colour, size and shape, and this resemblance sufficiently accounted for its presumed cardiac or cordial virtues. The bile tastes bitter to a proverb, so does *gentian*, therefore gentian is indicated to us by nature as the proper remedy for deranged bile. The mushroom called *phallus impudicus* had an universal celebrity as an aphrodisiac and a promoter of fecundity, from some peculiarities in its structure that need not be more particularly alluded to. The branches of the *elder-tree* contain within them a pith which might be considered like the spinal marrow; nothing could therefore be more evident than that it was intended by nature as a remedial means for the diseases of the spinal cord. Do we want a pectoral medicine? Let us search for one that bears the impress of nature's hand upon it, indicative of its power over diseases of the lungs. Here it is: the *lichen pulmonarius*, whose resemblance to the lungs of an animal cannot be gainsaid, and whose virtues in pulmonary defluxions and phthisis are universally acknowledged. The root of the *cyclamen europæum* bears a remote resemblance in shape to the

stomach of an animal, and hence it was presumed to have a peculiar efficacy in diseases of that organ. The seeds of the *lithospermum*—literally stone-seed,—could not, of course, possess that stony hardness without some object, and hence from this quality their efficacy in cases of stone in the bladder was surmised. The *saxifraga* was famed for breaking up not only the stones among which it grows, but also those that infest the human kidneys. The *mandrake*, or *atropa mandragora*, when stripped of its leaves, bears a slight resemblance to a little human being. This likeness is thus alluded to by the poet Langhorne :—

“Mark, how that rooted mandrake wears
His human feet, his human hands;
Oft as his shapely form he rears,
Aghast the frightened ploughman stands.”

May it not have been this resemblance to a *homunculus* that secured for this plant a great celebrity as a promoter of fecundity? a celebrity, indeed, that dates as far back as the days of the patriarchs; for it will be remembered that Rachel and Leah had a little domestic altercation about the mandrakes that Leah had procured in order to obtain a renewal of her child-bearing power.

I might multiply illustrations of this practice of judging of the medicinal powers of substances from their external physical properties almost *ad infinitum*, but I shall terminate the series by citing one from the writings of a more modern authority in medicine, viz., Rivière, who has the following passage :—“Sanguis menstruus muliercularum, præcipue bene valentium, odorem calendulæ florum spirat, hinc conjicio similitudine quâdam substantiæ calendulam movere menses” (*Obs. com.*, Obs. 30); thus finding the signature of the medicine in its odour. These examples will suffice to show you the great prevalence of the doctrine of signatures among the learned as well as the unlearned of almost all periods; and though it is impossible to accord any credence to such a doctrine, its existence and long prevalence is an important fact, for it appears to me to be a type of the truth existing in an age of ignorance, but, like all types, only intelligible to those who are familiar with the truth it represented, to all others unintelligible and ridiculous.

It was the idol that was worshipped whilst the god remained concealed; the worship was false and absurd, but it typified and attested the existence of the god, and foreshadowed his future discovery and purer worship. Perhaps, too, it indicated the former existence of a knowledge of the truth, which had been lost or obscured in the lapse of ages, and of which the doctrine of signatures only remained, like a mysterious monument that marks the existence of a lost art, or an unmeaning ceremony that has survived the occasion that gave rise to it. However this may be, we, who are now in possession of the truth by original discovery, or, it may be, by recovery, can see in the doctrine of signatures a rude testimony of a barbarous age to the truth of what we now know to be the one true law in medicine; an expression of the instinctive feeling that drugs must in some way give *a priori* indications of their remedial powers, and a protest against the doctrine that these powers could only be ascertained *a posteriori* by experiments on the sick.

I now come to those authors, the immediate predecessors or contemporaries of Hahnemann, who have likewise in some measure acknowledged the homœopathic therapeutic law. Hahnemann himself cites a number of passages where the law is more or less fully recognised. Thus, Boulduc perceived that the purgative property of rhubarb was the cause of its curative power in diarrhœa. Detharding inferred that it was the colic-producing property of senna that gave it the power to cure colics. Bertholon observed that electricity removed pains similar to those it produces. Thoury proved that electricity quickened the pulse in the healthy, and diminished its frequency when it was morbidly quick. Von Störck asks if stramonium ought not to be useful in insanity, as it possesses the power to cause derangement of the mind; and a Danish army physician, called Stahl (not the great Stahl, as is generally represented), distinctly states: "The rule generally acted on in medicine, to treat by means of oppositely acting remedies, is quite false, and the very reverse of what ought to be. I am, on the contrary, convinced that diseases will yield to and be cured by remedies that produce a similar affection; burns by exposure

to the fire, frost-bitten limbs by the application of snow and the coldest water, inflammation and bruises by distilled spirits; and, in like manner, I have treated a tendency to acidity of the stomach by a very small dose of sulphuric acid with the most happy results, in cases where a number of absorbent remedies had been fruitlessly employed.”^b

Rivière, to whom I have formerly referred, relates the case of a man who was stung on the neck and face by a number of bees, whom he treated successfully with scorpion's oil, garlic, etc. The sting, however, on the cartilage of the ear having put on a dangerous action, Rivière ventured to apply a small blister to it, “because,” says he, “the cantharis is a kind of fly like the bee.” The disease, he tells us, disappeared in the course of a quarter of an hour, before the blister had time to redden the skin.

Dr. Rapou, *père*, mentions that the women of a hamlet in the department of the Loire cure themselves of metrorrhagia by means of the *geranium cicutaria*; and the only reason they could assign for using this plant was, that their cows became affected with that disease when they fed on the plant.

A young relative of Dr. Dessaix having been suddenly seized with symptoms resembling the intoxication caused by the *lolium temulentum*, was eagerly advised by the farmers to eat some of their bread, which they knew to contain darnel; “because,” said they, “it often causes us exactly the same symptoms as those you are suffering from, and therefore it must needs cure you.”

Dr. Ste. Marie of Lyons published his work, entitled *Nouveau Formulaire médical*, in 1820, in entire ignorance, it is presumed, of Hahnemann's discovery; not the least to be wondered at, by-the-bye, in a Frenchman, as our colleagues across the Channel are generally remarkably ignorant of everything that occurs out of France. In this book, Ste. Marie says: “It is certain that we sometimes cure, whilst acting in the same direction as nature, and completing, by our remedial means,

^b Organon, pp. 167, 108.

the salutary effort which she has commenced, but has not the power to complete." In support of this proposition he cites many cases of the cure of diarrhœa by purgatives, of debilitating perspirations by sudorifics, of comatose fevers by opium, of epilepsy by medicines capable of causing epilepsy. And, he adds: "It is impossible that these facts can be only lucky accidents; they are undoubtedly connected with some grand therapeutic law which I have perhaps partially revealed in the principle established above, but which still remains to be more definitely determined than I have been able to do."

I need not multiply instances of the acknowledgment of the therapeutic law of *like cures like* by those who wrote after Hahnemann's discovery, for it is impossible to know whether its enunciation under such circumstances was not a plagiarism. I have, I believe, brought forward a sufficient number of proofs of the substantial recognition of homœopathy from the medical writings and popular beliefs of many ages before Hahnemann.

I might, if I chose, bring almost an unlimited number of *facts* from the records of ancient medicine to show that the homœopathic law was constantly acted on unwittingly in the cure of diseases, but such proofs are totally foreign to my object, which was to show you that the *principle* has not only been *acted on*, but *recognised* and *taught*, sometimes more, sometimes less distinctly, in every period of medical history.

Some zealous partisans of homœopathy have undertaken to show the acknowledgment of a homœopathic principle in other things besides medicine. Thus Mr. Leadam, in a paper published some years since in the *British Journal of Homœopathy*, sees, in the elevation of the brazen serpent by Moses in order to cure those that had been bitten by serpents, a probable intimation of the homœopathic law of cure; and Dr. Buchner of Munich finds the whole scheme of Christianity to be a homœopathic process for the cure or salvation of the human soul. I need not go into his arguments, however, as they are irrelevant to our subject, and might be considered irreverent by some of my hearers.

Homer is stated to have alluded to the homœopathic principle when he describes the spear of Achilles as the only remedy for the wounds which his spear had inflicted.

Among the precepts of the *Schola Salanitura*, we find the following:—

“Si nocturna tibi nocet potatio vini
Hoc tu mane bibas item,”

an advice which, in the vernacular, would read, “take a hair of the dog that bit you.”

The great poet of the human race, who seems to have had almost a prophetic insight into all truth, has been quoted as a witness for the homœopathic truth in morals and in medicine. Thus his play, the *Turning of the Shrew*, is stated to be an instance of the cure of a bad temper in Katherine by the exhibition, on the part of Petruchio, of a feigned temper similar to her own; something in the same way as the ancient Spartans used to cure their young men of drunkenness, or deter them from the vice, by exhibiting to them their slaves in a state of beastly intoxication.

At the risk of giving you a hackneyed quotation, I shall conclude this lecture by reading the very homœopathic advice Shakspeare makes Benvolio tender to the love-sick and disappointed Romeo.

“Tut, man! one fire burns out another's burning;
One pain is lessen'd by another's anguish;
Turn giddy and be holp by backward turning;
One desperate grief cures with another's languish.
Take thou some new infection to the eye,
And the rank poison of the old will die.”

ROMEO AND JULIET, act i. sc. 2.

¹ A similar idea forms the groundwork of a tale by Raimund, entitled, “The Alp-King and the Misanthrope.” The hero is a sour, ill-tempered, abusive man, who maltreats his wife, children, relatives, and friends. This disposition at length renders every one intolerable to him, and he retires to a lonely forest in disgust at all mankind. Here he meets the Alp-King, who tries in vain to persuade him that his conduct is greatly to blame. He succeeds, at last, in convincing him of his bad behaviour, by bringing him back to the society of his friends, and acting the part of the misanthrope. Our hero, who could not perceive that his own conduct was blameworthy, is highly displeased at it in another; as a spectator, he is not slow to condemn the part which he had formerly acted with perfect satisfaction, and he becomes cured for ever of his misanthropy. In this case, as the Germans would say, the offensive objective faults cured his own similar subjective faults.

LECTURE II.

PATHOLOGICAL BASIS OF HOMŒOPATHY.

THE art of medicine professes to restore the sick to health, to ward off disease from the healthy and those who have a tendency to disease, and, in cases of disease where cure is no longer possible, to palliate suffering and prolong the term of life.

Were medicine a perfect art, there should be no disease among those immediately subject to its supervision; and those in other circumstances, who might happen to become the subjects of disease, should be speedily and effectually restored by its means.

That medicine is not a perfect art, is evident from the melancholy fact, that those under the immediate supervision of its professors do not escape disease, and those whom disease attacks frequently die, or remain uncured. That medicine should become a perfect art, we should require to know perfectly the vital processes in health, the causes of disease, the exact nature of the changes produced in the organism by disease, and the agents in nature capable of altering the morbid operations of the organism into health. It were also requisite that there were agents in nature capable of producing such alterations in every case, *i. e.*, remedies for all diseases.

But when we look to the facts of the case, we find that we possess only a partial knowledge of the vital processes in health; that we know but imperfectly the exciting causes of disease; that we know little or nothing of their proximate causes; that our knowledge of remedies is very limited; and that there are some diseases respecting which we have no evidence that they have ever been cured either designedly or accidentally; consequently, we have no proof that there exist in nature any remedies for them.

Such being the case, medicine must necessarily be an imperfect art, and its progress towards perfection will

advance *pari passu* with our increasing knowledge of the vital operations in health and disease, and of the powers and *modus operandi* of remedial agents.

This would seem to be a controvertible statement; for it may be said, that while the sciences of physiology and pathology have advanced greatly in recent times, the therapeutics of the so-called physiological and pathological school have remained pretty much as they were in point of success some centuries back, if they have not absolutely retrograded.

Still, it is so obvious that a correct physiology and pathology must greatly assist therapeutics, that we must suspect the existence of some fallacy in the physiology and pathology as hitherto taught if they have not contributed to this desired end.

And, indeed, we shall find that, until a very recent period, the theories and hypothetical views of which these branches of medical science mainly consisted, were utterly inadequate to explain the phenomena they professed to elucidate, and were mostly mere learned verbiage and ingenious sophistries; while, of late years, physiologists and pathologists have, with few exceptions, been more occupied with pursuing the brilliant fields of research opened up by the scalpel, the microscope, and the improved means of chemical analysis, than with cultivating the apparently hopelessly barren fields of speculative pathology and physiology.

Thus it is rather physiological and pathological anatomy and histology and organic chemistry that have been cultivated, than pathology and physiology.

Though Hahnemann inveighed against the current physiological and pathological theories, he was not that enemy to theory he is represented to be. Indeed, I doubt much whether any one devoid of a highly speculative mind could discover and formulize a general law of nature; for to do so implies that the discoverer shall from a greater or smaller number of facts build up a hypothesis which shall supply all that is wanting in those facts to constitute a universality. Indeed, if we want proof that Hahnemann was very prone, nay perhaps too prone, to theory, *i. e.*, too ready to generalize from insuf-

ficient data, we need only look to his extraordinary attempts to explain the mode of action of homœopathic remedies, which are almost as wild pathological theories as any of those he has ridiculed; and his doctrine of chronic diseases is an unmitigated pathological hypothesis. It is remarkable that the pathological doctrines which Hahnemann was at most pains to combat and refute, viz., those of John Brown (see *Lesser Writings*, pp. 405, 616), are those which, with the necessary modifications, in my humble opinion, alone afford the explanation of the homœopathic application of drugs to the treatment of disease, as I trust we shall presently see.

It is obvious that while, on the one hand, incorrect pathological doctrines can never be the basis of a true system of therapeutics, on the other, it does not necessarily follow that correct pathological doctrines must first be obtained before a true system of therapeutics can be discovered; because, as Dr. Scott has well pointed out in his prize essay,^{*} a therapeutic law does not necessarily imply a theory of disease, but only a theory of cure. Still, those pathological doctrines cannot be correct which are at variance with discovered therapeutical facts; and again, a successful system of therapeutics may be used as a touchstone for enabling us to judge of the truth or falsity of various pathological doctrines, and may even be employed to assist us in framing a correct pathological hypothesis. It does not, however, necessarily follow that because we are in possession of a true system of therapeutics we shall be enabled to build up correct pathological doctrines.

Thus we shall perceive that Hahnemann, applying what he believed and we believe to be his true system of therapeutics as a touchstone to test the validity of current pathological doctrines, found that they did not agree, and therefore he rightly inferred that the latter were false, and being naturally of a speculative turn of mind, he tried his hand at the invention of a pathological doctrine to suit his therapeutical views, with what indifferent success we shall hereafter see.

^{*} Brit. Journ. of Hom., vi. 145.

Believing, as I do, that it is greatly for the interest of homœopathy that it should have a scientific pathological basis, which, it must be confessed, was not procured for it by Hahnemann, I have no hesitation in introducing an outline of general pathology as introductory to our subject, and in doing so I shall dismiss, as far as possible, all theoretical speculations on the nature of disease, except in so far as these are necessary for the explanation and scientific foundation of the law which I conceive to govern the *curative* action of drugs in all cases. I say in all cases; for however the means used to effect a cure may apparently differ, the ultimate change that is produced, whereby the disease is cured, must, it is obvious, in all cases be the same; as the process of combustion I excite in the candle-wick is the same, whether I inflame it by means of a red-hot coal, by electrical action, by the friction of two hard bodies, or by a lucifer match.

The living organism is made up of a collection of parts or organs, endowed with vitality or irritability, which is the cause of their performing certain functions when acted on by certain powers or stimuli. These functions are different in different parts, and the structure of the part determines the function it shall perform. Each organ, having a different structure from the rest, and performing a different action, has its peculiar stimuli, the due supply of which causes it to perform its functions normally, and their undue supply produces abnormal action or disease.

Or we may express the proposition thus: Life may be said to consist of the phenomena resulting from the action of certain powers or stimuli upon a certain susceptibility, the balance of which constitutes health, and the loss of this balance, disease.

Food, the air, exercise, and the ordinary circumstances by which we are surrounded, adequately supply the stimuli to the organism requisite to preserve it in health; but as the organism is liable to disease, we must inquire into the causes of its production.

The causes of disease are twofold, *predisposing* and *exciting*. (We may for the present pass over the so-called *proximate* cause, that signifying the intimate structural change

produced by the other two in the organism, which gives rise to the aggregate of symptoms that we term disease.)

A PREDISPOSING CAUSE may be defined to be, in the words of John Fletcher, "some permanent condition of the body which, though insufficient under ordinary circumstances to produce a morbid change, still, in co-operation with an exciting cause, does so; and an EXCITING CAUSE may be defined to be some accidental variation of the circumstances affecting the body which, though likewise insufficient in itself to produce a morbid change, may still co-operate with a predisposing cause in doing so."¹

We can, it is true, suppose an exciting cause that shall be capable of producing a disease without the intervention of any peculiar predisposing cause; thus all are liable to a wound from external violence, but where no predisposing cause exists, the wound will heal kindly; where there exists, however, a predisposing cause, we may have, in one, erysipelas, in another tetanus, in a third traumatic fever, in a fourth an unhealthy ulcer, and so on. However, the definition just given is quite sufficient for all practical purposes, as the wound or other effect of external violence cannot be considered as a disease, in the proper acceptance of that term, but is, strictly speaking, only to be regarded as an exciting cause of disease.

The PREDISPOSING CAUSES of disease are numerous. As we have not time, and it is foreign to my purpose, though by no means so to my subject, to enter particularly into all the points bearing upon general pathology, I must content myself with doing little more than making a mere enumeration of them, believing that you are already adequately indoctrinated on these subjects, and that therefore a mere allusion to them will be sufficient. Among these predisposing causes, one of the most important is *Age*. It may be said, in a general way, that in early life there is a greater proneness to diseases of the head; in middle life to those of the chest; and in old age to diseases of the abdomen. There are likewise special diseases to which each age is exclusively or in a greater degree liable, and these depend manifestly on the peculi-

¹ Fletcher's Pathology page 1.

arity of structure or function that accompanies each age. This subject has latterly received considerable attention, especially from the Vienna pathologists; and I would counsel those of my hearers who desire to study this subject more in detail to peruse some papers by Professor Engel, in the fourth and fifth volumes of the *British Journal of Homœopathy*, on the condition of the blood at different periods of life.

Sex may be considered as another predisposing cause of disease. Independent of the different conformation of the two sexes, rendering each liable to their proper diseases, it has been ascertained that in some diseases to which both are liable, they are not so equally: thus, *instar omnium*, I may state that it has been alleged and statistically proved that males are less liable to lunacy than females. The experience of St. Luke's Hospital is, that of 18,754 patients treated there during the century of its existence, 11,167 were women, 7587 men. (*Household Words*, Jan. 17, 1852, p. 387.) Esquirol also makes the proportion in favour of females. Males are more liable to tubercle than females, whilst females are more prone to spasmodic and convulsive diseases, to anemia, and some other affections. In the period of adult life, woman seems on the whole more disposed to disease; whereas in old age the liability of the two sexes to disease seems to be, if anything, reversed.

Temperament is another predisposing cause, which I need not dwell on.

Idiosyncrasy, from which few, if any, are exempt, may be defined as the weak point in every individual, rendering him liable to inordinate impressions from certain stimuli, which may act little or not at all on the generality of mankind. Some historical examples of idiosyncrasy I may refer to. Thus Henry III. of France could not bear a cat; Tycho Brahe trembled at the sight of a hare; Erasmus was always thrown into a fever when he ate fish; Wladislaus, king of Poland, ran away at the sight of an apple, and the same fruit made John de Quercito, secretary to Francis I., fall a bleeding. Carden, the philosopher, could not endure eggs; Crassus had an insurmountable dislike to bread; Scaliger was convulsed

by the sight of cresses ; and Cardinal Haüy de Cardonne swooned at the smell of a rose. Orfila mentions of a woman that she could not be in a place where decoction of linseed was being made, without swelling of the face, followed by fainting. I know a lady who faints at the smell of musk, and several members of a family who immediately get a violent headache on entering a room where there is a sprig of mignonette ; and I have a lady as a patient whose face and head swell, and whose body becomes covered with blotches, if she but swallow a small quantity of any vegetable acid. In her the idiosyncrasy commenced late in life, and seems to increase from year to year ; so that whereas at first it was only vinegar or lemon-juice that produced these peculiar symptoms, now the smallest quantity of any fruit, raw, baked, or preserved, has precisely the same effect.

Habit of body has been reckoned as another predisposing cause. It implies the condition of general strength or weakness, of obesity or leanness, of plethora and the reverse, these states being produced generally, in the first instance, by climate, diet, mode of life, etc.

Climate and season, as predisposing causes, need not be dwelt on, the greater liability to certain affections in cold climates and seasons, and to certain others in the reverse circumstances, being perfectly familiar to all of you.

Diet, as a predisposing cause, is also generally recognised. Thus those reared on a rich and nutritious diet are subject to quite another class of affections from those who have only a poor and perhaps insufficient diet within their reach. Individual articles of food, in themselves wholesome, may in excess be *exciting causes* of disease.

Regimen, habits of life, and *external circumstances* may obviously all constitute predisposing causes of disease.

In respect to all such predisposing causes, it is wonderful the power human beings have of adapting themselves to different circumstances of climate, diet, mode of life, etc.

Healthy specimens of the human race are met with from the pole to the tropics ; in the highest mountain ranges, on the sandy plain, and in the deepest valleys ; enjoying the most constant change of scene and air, and living a sedentary life in close and ill-ventilated apart-

ments; following the chamois from rock to rock over tracts of dazzling snow, or grovelling like the mole far underground in the murky mine, illumined only by the feeble glimmer of the veiled "Davy," and inhaling an atmosphere highly impregnated with noxious gases; exposed to wet and cold like the fisherman, or half-roasted all day long before a glowing furnace like the glass-blower; subsisting on vegetables and water, or washing down the richest meats with deep potations of strong wines; reclining all day long on the softest couches, with no more violent exercise than is occasioned by turning over the pages of a new novel, or toiling from morning till night like a horse, and reposing the weary limbs at night upon the hard ground.

That however all these circumstances may occasionally act as predisposing causes to disease we are well assured by the fact that a certain large proportion of persons exposed to any of these extremes are subject to certain ailments; but at the same time the above facts teach us there is a considerable range within which health may be maintained, and we know that a strict adhesion to a uniform mode of life is not the best possible mode of preserving health, and that exceeding carefulness to avoid fancied causes of disease, and with respect to trifles, is by no means rarely the indirect cause of disease, by increasing the susceptibility.

A study of the predisposing causes of disease is necessary for the physician, both for enabling him to prevent the occurrence of malady, and also for the removal of disease when it does occur. It is, moreover, on a knowledge of them that he must chiefly build his system of hygiene.

THE EXCITING CAUSES OF DISEASE conspire with the predisposing causes to the production of disease; they may be divided into *ordinary* and *accidental*.

The first or *ordinary* class comprises *temperature, light, electricity, air, miasms, parasites, food, sympathy, passions*, etc.; the *accidental* class, *wounds, contusions, poisons*, etc.

The effect of extremes of temperature in producing diseases is well known; and, indeed, accepting as true the commonly-received notion that heat is a direct stimu-

lant, and cold a direct sedative, it is worth while pausing for a moment to consider the probable mode of action of these two agents upon the organism, for, with some necessary modifications, the action of all other exciting causes of disease may be ranged under one or other of these two classes, direct stimulant and direct sedative. An inquiry into the mode of action of these two agents, as far as that is possible, will give us the necessary insight into the most probable proximate causes of disease, and thus assist us in our proposed task of giving therapeutics a rational pathological basis.

In this attempt I shall not claim for myself the merit of originality, nor shall I attempt to adduce, for the purpose of refuting them, all the other opinions of learned authorities on the subject. To those who are curious upon the subject, I would recommend the writings of one who, not himself an experimental physiologist, has brought the keenest wit and the most philosophical acumen to bear upon the subject of physiology and pathology of any modern author with whose works I am acquainted. I mean the works of the late John Fletcher of Edinburgh, which I would earnestly advise all homœopathists to study.

The first effect of a direct stimulant, such as heat is, upon the capillaries, is to cause them to contract. This contraction represents increased action in the capillaries themselves. The application of a red-hot iron to the skin is observed to be followed at first by a deathly paleness of the part, and the alteration in the calibre of the capillaries has been observed, microscopically, in the foot-web of the frog and the transparent omentum of other animals, by Spallanzani, Thomson, Philip, Hastings, Burdach, Wedemeyer, Koch, and many others. During this contraction the motion of the fluid in the capillaries is quickened, as noticed by the increased rapidity of the passage of the blood-globules. After a longer or shorter interval, the capillaries become dilated, sometimes to double their normal state; this dilatation indicates diminished action in the capillaries, and is accompanied by accumulation, tardy circulation, and even stagnation in the circulation of the fluid contained in the capillaries.

This constitutes inflammation ; and though we are not in a position to deny that there may be some other change in the capillaries not cognizable by the senses, such as loss or alteration of some, perhaps electrical, property in the capillaries, which causes the blood-globules to stick to the sides of the vessels in the marvellous way in which they have been noticed, yet so much seems to be evident, that inflammation does not consist essentially in a spasm or increased action of the capillaries, as supposed by Stahl, Van Helmont, Hoffmann, Cullen, and others, but in a dilatation or diminished action of them, as first advanced by Vacca Berlinghieri, and subsequently taught by many of the best physiologists.

We may suppose that the contraction and dilatation of the capillaries may occur within certain limits, without compromising health. The primary paleness, followed by the blush that attends certain mental emotions, is a familiar instance of this.

After the manner of John Brown, we might illustrate this subject by figures. Thus, supposing the medium or quiescent state of the capillaries to be represented by 0, the range of healthy action might be said to be between +5 and —5, while that of morbid stimulation and subsequent depression ranged between +5 to 10, and —5 to 10 ; the consecutive depression bearing an exact proportion to the previous over-action.

Thus, consistently with health, the vessel will contract and expand within a certain limited range, in obedience to the natural stimuli ; but if a stimulus of too great power be applied, it will contract, first inordinately, and again expand to such a degree as that it shall be incapable of recovering its natural calibre immediately, or perhaps at all, without the application of a fresh stimulus. The actual cause of this is supposed to be that the increased irritation causes a proportionate exhaustion of irritable matter, and therefore of irritability, and consequently the usual stimuli (of the circulating fluids, etc.) cause less than usual irritation ; hence, as we see, the vessels do not resume their healthy contraction, or do so but slowly.

The morbid effect of a direct sedative, such as *cold* is

supposed to be, is in the end the same as that of a direct stimulant, only the sedative acts at two removes. At first, there is dilatation beyond the healthy degree, then contraction also beyond the healthy degree, followed in its turn by more or less permanent dilatation, constituting the morbid state, inflammation, etc.;—or, as this process has been explained, the direct sedative causes primarily diminished irritation in the part on which it acts, this diminished irritation gives rise to an accumulation of irritable matter, and therefore of irritability, the result of which is greater than usual irritation from merely the usual stimuli (greater, of course, if those stimuli be increased), and this again is followed by a proportionate exhaustion.

It is, however, doubtful to my mind whether *cold* is a direct sedative. Many facts induce me to believe that it is often, if not always, a direct stimulant; at all events, extremes of cold seem to act as stimulants, though I am not prepared to deny that a minor degree of cold may act as a direct sedative. Perhaps heat acts as an irritation more on the arterial capillaries, cold on the venous, or *vice versa*, which would account for the different effects of their application.

In the first stage of this inflammation it will be evident, the capillaries in which the operations of secretion and excretion are performed being contracted, these functions will be diminished. When, on the contrary, the capillaries are dilated, more blood pouring into them, these functions should be increased; and we find this to be the case, as shown by the effusions (or rather secretions) of lymph, serum, etc. There are as many kinds of inflammations as there are different structures of the body; and the products of inflammation not only differ to an equal degree, but are moreover wonderfully modified by the diathesis, crasis, or peculiar condition of the organism and its fluids. This has been beautifully illustrated by the observations of the Vienna pathologists, to which I have already referred.

Though we are unable to prove that all morbid actions are analogous to inflammation, it is highly probable that a very great number of them are so, and it is also

highly probable that the division of diseases into structural and functional is incorrect; for we have good reason to believe that all functional diseases, so called, must depend on some change of structure somewhere; and we know that structural diseases, commonly so called, are accompanied by alteration of function.

An agent that must never be lost sight of in considering morbid action is *sympathy*. This term implies the transmission of an irritation or stimulation from one part of the system to another. To give illustrations of it in healthy action, I may refer to the obvious connection by this agent of the skin and kidneys, of the larynx and testicles, the uterus and mammæ, etc. etc. In pathology we observe this property still more markedly displayed. I shall only cite a few instances. Orchitis in the male, and mastitis in the female, are a frequent effect of cynanche parotidea; the eyes are apt to be sympathetically inflamed in gonorrhœa. It has been said that such results and the effects of poisons are owing to absorption; but the same cannot be said of such instances as the ulceration of the duodenum following extensive burns, the irritation of the nose attendant on morbid action in the rectum, etc. etc.

That this property of sympathy plays an important part in the production and cure of disease cannot be denied. It is not, however, requisite that we should inquire into its essential nature, or ascertain precisely what is the particular organ or structure which gives rise to it. It is sufficient to know that it pervades the whole system, and is in constant operation. Sympathy, then, implies that property of the organism whereby an irritation applied to one part is propagated to another, where there is a specific susceptibility for its reception.

The symptomatic fever accompanying inflammation is an instance of sympathy. While *inflammation* may be defined as the action of a morbid irritation on a definite spot, *fever* may be considered as the action of an irritation on the whole capillary system of the skin. The first effect, corresponding to the contraction of the capillaries in inflammation proper, is exhibited by the coldness, paleness, and shivering. The second, corresponding to the dilatation

of the capillaries, is represented by the heat and redness of the skin, and this is followed by the increased secretion from the capillaries, in the form of sweat.

It is by the principle of sympathy that we explain those phenomena that occur in the course of many diseases, viz., metastasis and metaschematismus. The return of the capillaries to a healthy state indicates an increase in their irritation; this irritation is propagated by sympathy to another part, and there gives rise to the morbid phenomena designated by those appellations.

The action of the *passions* and *emotions* in the production of diseases, of which they are such a frequent cause, may also be referred to the head of sympathy. The irritation in the brain is propagated to the organ more directly in sympathy with that part which is the seat of the mental affection in question, and acting like another irritation, produces disease in a similar manner. The passions and emotions are also a common predisposing cause of disease.

Among the exciting causes of disease, *miasms* or *specific viruses* deserve especial consideration; and though we shall hereafter have occasion to consider the affections produced by miasmatic causes in general more in detail, it is necessary to allude to them in this place.

Miasms are of two sorts, which may be termed *acute* and *chronic*. *Acute* miasms are irritations that give rise, within a certain period after their contact with the organism, to a certain definite series of phenomena, terminating in complete recovery or in death. After once invading the system, they appear to destroy, for a time at least, the susceptibility of the organism to be acted on by the same miasms. Their intensity seems to depend, in some degree, on the length of the period of what is called their latent stage, *i. e.*, the period from their invasion of the organism till the development of their peculiar effects, which may be considered the period during which their peculiar irritation is at work. Some of them, when inoculated, appear in a milder form than the natural disease, which is generally considered to be owing to the shorter duration of their latent stage. During the course of the disease excited by them, their specific miasm is re-

produced. Such miasms are variola, vaccinia, rubeola, perhaps hydrophobia, typhus, mumps, etc.

The *chronic miasms* likewise, after a longer or shorter period of incubation, produce an array of morbid phenomena in the body, but seem to have little tendency to cease spontaneously, and are very apt to degenerate into different permanent morbid states. At one period of their existence they reproduce the miasms capable of propagating themselves. Such miasms are syphilis, gonorrhœa, various skin diseases, such as tinea capitis, perhaps scabies, etc.

Parasitical animals are frequently stated to be an exciting cause of disease, but whilst some of them, such as the various species of pediculus and the acarus scabiei, seem to be always communicated from one individual to another, or to invade the body from without, others, such as hydatids and intestinal worms, seem rather to be the result of a morbid process—a real morbid secretion in fact. The proofs that they are so are chiefly these: that similar worms are never found in other situations; that they are found in the fœtus; that each is found in its own habitat, and nowhere else; that some of them exist in parts of the body whither it seems impossible their ova could have been transported by the circulation or otherwise; that their ova have been given in vain to healthy persons. Moreover, when we consider the changes that occur in effused lymph as it becomes organized, we shall have less difficulty in conceiving how more highly organized structures, in some cases possessing a quasi-independent existence, may be secreted by the organism. It has been observed, namely, that in the process of organization of effused lymph, the blood-vessels originate in the centre of the effused mass, and are not propagated into it from the blood-vessels of the system; and attention to this fact, in considering the difficulties attendant on the treatment of various abnormal growths, which may be supposed to possess, like parasites, a sort of independent existence, will explain to us, in some measure, the difficulty of affecting them by our therapeutic appliances. We should also bear in mind that the healthy body is capable of secreting and

does secrete creatures having a separate vitality. Thus the testicles develope myriads of independent animals, the spermatozoa, and the ovaries secrete the ovum, which speedily acquires a distinct vitality. A consideration of these facts will reconcile us to the idea of other organs of the body, in a morbid state, being capable of producing structures having a quasi-independent life. Of course it cannot be denied that these parasites, however produced, do frequently become a source of irritation, and consequently it is often expedient to secure their expulsion, but we cannot hope to prevent their reproduction, unless by our specifics we are able to alter the morbid state to which they owe their being.

In ancient times all contagious diseases used to be attributed to animalculæ, and this theory has recently been revived by Henle, and supported by very ingenious arguments. To this cause Hahnemann himself attributed the invasion and propagation of cholera, in a pamphlet he wrote on the subject of that disease, published in the *Lesser Writings* (p. 849).

Before proceeding to the subject of therapeutics, I may briefly recapitulate what we may consider to be the essential nature of the morbid process. The organism, from one of the predisposing causes alluded to above, is rendered susceptible to the action of an irritation, such as one of the exciting causes just hinted at. The irritation seems, in the first instance, to produce an over-action of the power which regulates the admission of blood into the extreme capillaries—when they are the part acted on by the irritation; this constitutes the stage of incubation, the latent stage of the malady, the stage of extreme contraction of the capillaries, and is followed, sooner or later, by a diminished action of that same power, causing dilatation of the capillaries; consequently, entrance of more blood, and increased discharge of their contents—increased secretion. The return to the healthy state is indicative of a restoration of their contractile power to the capillaries, and the consequent due passage through them of the normal amount of blood. Such restoration is effected in several different ways: 1st, by the gradual and slow action of the natural stimuli; 2nd,

by the application of an artificial stimulus, causing the capillaries to resume their natural contraction, and that either (*a*) directly to the seat of the disease, or (*b*) by its application to another part, whence the irritation is communicated by sympathy to the seat of morbid action.

This description of the morbid process is applicable to only the simplest form of morbid action, viz., simple inflammation. In the more complex morbid processes, many more and more intricate actions come into play, but they may all, or almost all, be resolved into the following elements.

1. A susceptibility.
2. An increased action, caused by a specific irritation, the first or latent stage.
3. A diminished action, owing to exhaustion of the irritability, the inevitable consequence of the primarily increased action, constituting the proper morbid process.
4. A restoration of the normal action by (*a*) the prolonged and gradual action of the natural specific stimuli; or by (*b*) an artificial specific stimulus, more powerful than the ordinary stimuli of the organism.

But in the case of complex diseases, we can easily imagine that the primary irritation is not confined to one organ or tissue, or that it is sympathetically propagated to many others; that the morbid process in one part, producing a derangement in the balance of the fluids, may give rise to many secondary phenomena of a more or less grave character; that the chemical and even the mechanical changes accompanying many of the morbid processes may develop quite another series of morbid actions; that the imperfect return of the parts affected to healthy action may, from a permanent increase of secretion, give rise to hypertrophies, indurations, tumours, and permanent abnormal discharges, and such complication of the disease may necessitate a greater complication of the agencies requisite for the restoration of health, and so forth.

Thus, then, inflammation may be taken as the type of all diseases—with some few unimportant exceptions—although what is commonly understood as inflammation may not be apparent; and diseases may be

considered as differing from each other only in degree, and the varieties they represent may be attributed to the different seats of the morbid action, and the different functions consequently involved by it.

If such be the true explanation of morbid action, we might naturally infer that the rational radical treatment of diseases would be to increase the intensity and power of the natural stimuli, or to supply artificially a new stimulus, capable of exciting to increased action the part of the organism suffering from under-stimulation, in other words, diseased. I speak not at present of what is termed palliative treatment, such as the removal of mechanical impediments to the performance of natural functions, the administration of stupifying agents for allaying pain, the withdrawal, either mechanically or by specific irritants, of some of the fluids of the body, etc. The first of these objects would be gained, in whole or in part, by a removal of the patient from injurious influences, by his transference to a purer atmosphere or more congenial climate, by favourable mental impressions, by withholding improper articles of food and drink and administering suitable ones; in other words, by calling into action the known principles of hygiene and dietetics.

The second object would be accomplished by introducing into or applying to the organism agents of an irritant character, capable of acting either directly or by sympathy on the seat of disease. Of such a character are the greater number of the remedial means employed in all ages in the treatment of disease, by whatever name these may be called, whether evacuants, revulsives, counter-irritants, stimulants, tonics, or specifics. Among the means employed in ordinary practice, I may instance as examples of the indirect application of the irritation, the employment of a blister on the skin for the purpose of removing an inflammation of a serous membrane, or a mustard-bath to the feet to relieve a headache; and, as examples of the direct application of the irritation, the treatment of burns by the application of heat, of erysipelas by caustics, of cynanche tonsillaris by a gargle of cayenne pepper. In the first case, the irritation applied at a dif-

ferent part is propagated to the diseased part by sympathy, and in order that this may happen, the part where the morbid action is going forward must have a specific susceptibility for such irritation; where this is not the case no curative effect will result, and hence the frequency of the failure of this means. In like manner, the irritant directly applied to the diseased part will equally fail to produce a curative action if the affected part have not a susceptibility for its irritation; in other words, if it be not labouring under a morbid state similar to that excitable by the irritating agent employed for its cure. This seems to be the reason why the application of nitrate of silver will cure some but not all inflammations of mucous membranes, why caustic potash will cure some of those not curable by nitrate of silver, and why blisters of cantharides will only cure a limited number of ulcerations and other affections of the skin. The action of *specifics* may be explained in some cases by direct, in others by indirect or sympathetic irritation.

As long as the crude and general doctrines of counter-irritation and revulsion prevailed, it was natural that medical men should seek for agents that produced a strongly irritant effect on the skin, on the bowels, on the kidneys, or elsewhere, it did not matter very much where; and during the prevalence of Brunonianism, which consisted mainly in attributing disease to a certain general, indefinite debility, the treatment by an as general, as indefinite stimulation was the natural deduction from such premises; hence the brandy and opium which John Brown held up as the panacea for all the ills that flesh is heir to, and to the immoderate use of which he himself fell a victim.

Brown's doctrines of general debility, though they had a partial foundation in nature, were not a whit less pernicious in their effects on practice than the opposite but still analogous doctrines of the talented founder of the so-called physiological school, Broussais, who generalized quite as much as Brown, attributing disease to a fierce central inflammation of the stomach and bowels, against which all conceivable fire-extinguishing or antiphlogistic appliances were to be used, until it was utterly annihilated; but such attempts to extinguish the sup-

posed fire often snuffed out the "vital spark of heavenly flame" itself.

The more correct doctrine, so lucidly set forth by Fletcher in the works already cited, that every organ of the body has a peculiar kind of irritability, adapting it to be acted on by certain stimuli more remarkably than by others, had it been generally received or inculcated, would necessarily have led medical men of the school of Brown to search for the specific stimuli of the organs the subjects of disease in those maladies they were called on to treat, well assured that such agents must be the remedies they sought for.

The only way to ascertain the peculiar stimuli of the different organs is to test on the healthy organism the action of the various substances known or presumed to have a disturbing effect upon the system.

But it is well known that in many diseases it is impossible to ascertain the exact organ affected, consequently, the only way we have of recognising such diseases is to note the discoverable objective and subjective symptoms, and thus it is that, with many diseases, it is the array of symptoms that makes up the idea of the malady; and even though we may not have a notion of the organ or tissue specially affected, we do not the less recognise the disease as a distinct and definite one, and differing from all others. In like manner, it is not necessary for therapeutic purposes that we ascertain the precise organ or tissue on which our curative agent acts; it will suffice for us that it is capable of developing a series of symptoms similar to those of the disease before us, to enable us to predicate of it that it acts as a stimulus on precisely the same organ or organs as are affected in the disease, and we may confidently prescribe it for the cure.

Again, if we reflect that the condition of the diseased part is one of under-stimulation, and that what is required is, that it should only be stimulated, so to speak, up to the line of health, and if we attend to the familiar examples of direct curative stimulation, as, for instance, the cure of a burn by heat, etc., we shall perceive that for the curative action there is required a smaller degree of stimulation than what was requisite to produce the morbid

action; and this will lead us to infer that the *quantity* of the curative agent required should be *less* than what will produce the diseased state.

Thus we perceive that, starting with the probable pathological doctrine of disease being a condition of diminished vital action on the one hand, and the rational physiological doctrine of the specific irritability of every organ, the logical deduction is, that diseases should be treated by agents capable of producing in the healthy symptoms similar to their own, which is the homœopathic principle; and this again involves the proving of medicines on the healthy, and the administration of doses smaller than those capable of producing morbid symptoms in the healthy.

These conclusions were arrived at by Hahnemann by an entirely different route; and I may now briefly trace the mode in which he discovered the therapeutic law with which his name is connected.

After pursuing the ordinary practice of medicine for some time, and even writing some works upon the treatment of disease, which, though they betray no little amount of originality, do not lead us to believe that he doubted of the existence of a tolerable amount of certainty in the treatment of diseases under the ordinary methods, we find that, like many others of maturer years, he gradually became disgusted with the uncertainty of medical practice, which he relinquished altogether, and, as he informs us, occupied himself solely with literary labours and chemical studies.

His attention, however, seems to have been ever and anon directed to the therapeutic powers of drugs, and sickness invading his own family led him to aspire more earnestly after some sure guiding principle in medicine, and possibly his literary labours served to furnish him with many hints respecting the homœopathic law, until at last he became satisfied that the evidence was very strongly in favour of it. At this period, viz., in the year 1790, his attention was particularly drawn to the febrifuge power of cinchona bark, which he had tested in some cases of tertian and quotidian fever. Here, thought he, doubtless, I have a medicine whose power to cure a certain well-

marked disease I am thoroughly convinced of, not only from the testimony of authors, but from my own personal experience. Here, then, is a suitable medicine with which to test the accuracy of my surmises as to the rule of cure, which I cannot doubt really obtains in nature, though whether this be undiscoverable, as the obscurity that exists on the subject among all writers from Hippocrates downwards might lead me to suppose, or whether it differ in regard to every disease and every drug, as some authors would have us believe, or whether the principle broached by one of the Hippocratic authors and formulized by Galen, that all medicines cure by virtue of their power to produce a state the exact contrary of the disease, be the universal law of cure, or whether the exact contrary of this, viz., that medicines cure by virtue of their power to produce a similar disease, be true, as was admitted regarding some diseases by the author of the Hippocratic book *On the Places in Man*, and was hinted at in his peculiar mystic manner by the much-decried but talented Paracelsus, and has been occasionally enunciated by esteemed medical men—among the rest by Boulduc with respect to the power of purgatives to cure diarrhœa, by Detharding with respect to the colic-relieving power of the colic-causing senna, by Von Störck with respect to the virtues of the mania-producing stramonium in mental disorders, and by the Dane Stahl with respect to all remedies—remains still to be ascertained. A contemplation of the fixed principles which guide all other phenomena of nature would prevent me ever entertaining the almost blasphemous idea that medicines do not also act according to some fixed rule. Numerous facts convince me that the Galenic formula *contraria contrariis curantur* cannot be this rule; for, apart from the impossibility of even conceiving the contrary state of many diseases, I know that for instance the morbid effects of cold are aggravated a thousand-fold by the employment of heat, and that the application of cold is the very worst mode of treating a burn. My own experience shows me many instances of the opposite rule, or *similia similibus curantur*, being correct with respect to the cure of some maladies. Thus every experi-

enced cook knows that the best way to cure a burn is to hold the burnt part near the fire, "to draw out the heat," as is commonly stated; and Kentish has shown us that a similar mode of treatment of burns has been attended with the best results in his most extensive experience. The same is also alleged by the illustrious Sydenham, and recently by Benjamin Bell and John Hunter. Again, the common experience of inhabitants of cold climates teaches them to apply ice and snow to frost-bitten parts, for they well know that an incautious application of a higher temperature is followed by the destruction of the frost-bitten part. The professional dancer knows that when overheated with the dance, not cold water or ices are the best things to take, but warm tea or a small quantity of heating brandy. Now, here I have in cinchona bark a medicine whose curative power in ague is beyond dispute. Let me see if it can produce anything like ague in the healthy person, for if so, it will be an important addition to the evidence already before me in favour of a general law of cure founded on the similarity of the effects of the drug to the characteristic symptoms of the disease; and if I should find that this specific drug has actually the power of producing symptoms similar to those of the diseases it cures, I shall be encouraged to try the few other known specifics, to see if they do not act in like manner, and if I am right in my conjectures, shall I not have it in my power perhaps to add to our list of those most valuable and inexplicable of all remedies—specifics?

Hahnemann accordingly, being at the time in vigorous health, took gradually four drachms of good cinchona bark, and he was gratified to find that for two successive days he was visited with febrile attacks exactly similar to those of the ague he had cured with a few drops of the tincture some short time previously; and in the addenda he made to a translation of Cullen's *Materia Medica* he published in that year, after mentioning the fever-producing power of bark, he says it is probably by reason of this power that it cures intermittent fever. (*L. W.*, p. 314.) Encouraged by this, his hopes of rendering the medical art more certain and simple were

raised, and he set himself diligently to collect from the writings of ancient and modern medical authors all the cases of poisoning he could lay hands on, and to institute experiments with different drugs on himself and various friends, and to compare their effects with the histories of the maladies recorded as having been cured by such drugs singly and alone. The further he advanced in such investigations and inquiries, the more he became satisfied of the extensive application of his therapeutic law, until at length, after six years of patient observation and research, he felt himself in a position to come before the medical world with a statement of his views upon the matter. This he did in an essay in the journal of his friend Hufeland, entitled *On a new principle for ascertaining the curative powers of drugs*,^m in which, after exposing in a masterly style the absurdities of the methods theretofore adopted for this purpose, and showing the vanity of the search after the fundamental cause of disease and the inefficacy of the treatment by contraries, he points out that the only proper method for ascertaining the virtues of medicines is to test them carefully on persons in health; and from a vast array of instances, collected from the writings of various authors and his own experience, he demonstrates the value of the method of treating diseases with medicines that have the power of developing symptoms similar to those of the diseases. In this essay he does not yet inculcate the universality of this law in the treatment of disease; he only points out the value of it when applied to the treatment of those *chronic* diseases which constitute the *opprobrium medicinae*. For *acute* diseases, he thinks the palliative or antipathic method the safest and the best, and accordingly he does not seek to apply his new method to them as yet. He does not yet talk about diminishing the dose, but insists on the necessity of administering but one medicine at a time. Subsequently, as we know, he discovered experimentally the applicability of his principle to acute diseases; and still later he urged the advantage of giving medicines in doses of

^m Lesser Writings, p. 295.

such extreme exiguity that they have earned the title of infinitesimal.

In all these discoveries Hahnemann was guided by experience, to which he trusted solely, though it cannot be denied that we here and there detect some slight suspicion of *a priori* reasoning, but none sufficient to lead him astray. Indeed, his theorizing was at this period always subordinate to his observation of facts, and we may safely say that the following propositions, which constitute the kernel of his doctrines, were legitimate deductions of experience:—

1. That the cure of a disease is effected most rapidly, safely, and pleasantly by a medicine which itself possesses the power of producing in the healthy individual a morbid state similar to that of the disease.

2. That in order to ascertain the morbid states producible by remedies for the purpose of enabling us to arrive at a knowledge of the diseases for which they will be curative, we must test them singly on persons in health.

3. That medicines must be given for curative purposes singly and alone.

4. That they must be given in doses smaller than those employed for the development of morbid states in the healthy.

These propositions contain the essence of the homœopathic system when first it was propounded by Hahnemann as applicable to the treatment of diseases in general; and they are likewise, as I have above shown, the inevitable therapeutic deductions from the pathological doctrines of which I have given a brief outline.

The foregoing propositions are far from constituting the sum-total of the doctrines of Hahnemann in their later development, and we shall find as we go along that some of them were modified, and that numerous additions were made to them, and theoretic speculations engrafted on them; but these will form the subject of future lectures.

LECTURE III.

ON SPECIFIC MEDICINE, AND ATTEMPTS AT A THEORY OF CURE.

IN my last lecture I attempted to show you that the homœopathic therapeutic law discovered by Hahnemann, in other words, the maxim that in order to cure diseases in the best possible manner we must select agents that possess an inherent power to excite in the healthy economy morbid states similar to those produced by the diseases we have to cure, was the logical deduction from the most generally received and satisfactory pathological hypothesis of modern times, and it is my intention in this and the next lecture to consider the chief explanations that have been offered of the mode of action of the curative medicinal agent when opposed to the disease in the organism. I shall commence by stating Hahnemann's views, and follow with an account of the most plausible or popular explanations that have been given by his disciples.

But before entering upon this subject, I may advert to the name originally bestowed by Hahnemann on his system, viz., *the doctrine of specifics*, and inquire what he meant by that term.

We find that from 1796 to 1808 he employed almost exclusively the word *specific* to designate his system, and after the latter date we meet with the term *homœopathic*, but often in combination with *specific*, as *specific-homœopathic*, or *homœopathic-specific*.

The term *specific*, as applied by him to diseases, has not the broad signification given to it by the older writers. Thus he says, in the *Essay on a New Principle*, etc., published in 1796, "I do not believe there can be a thoroughly specific remedy for any disease of such and such a name, laden with all the ramifications, concomitant affections and variations, which in pathological works are so often inconsiderately detailed as essential to its character, and as invariably pertaining to it."

Thus he rejects the term as applied by the older writers to such diseases or names of diseases as scrofula, gout, syphilis, ague, etc., for which names, as they include manifold varieties of disease, he does not admit there are absolute specifics. On the contrary, he states his belief that there are as many specifics as there are different states of individual diseases, *i. e.*, that there are peculiar specifics, for the pure disease, and others for its varieties, and for other abnormal states of the system.^a Even in the last edition of the *Organon* (§ 147) he talks of the homœopathic remedy being the *specific* for the cure of disease.

Still, notwithstanding what Hahnemann had written in 1796, he does not seem to have been altogether guided by his own rules in the treatment of certain continued and remittent fevers and other typical maladies in 1798,^o when he seems to have groped about, not without much fumbling and stumbling, until he discovered the proper specific remedies for these diseases, very much after the fashion of the specific-hunters of the old school, to which he still virtually belonged. Although I cannot be certain of the fact, yet it seems to me highly probable that it was not till after this period (1798)—consequently more than eight years after his notable experiments with bark—that he commenced methodically to *prove* medicines in order to ascertain their curative powers; up to this period I should say his knowledge of medicines was entirely derived from the records of poisoning in allopathic literature, and a few desultory and unmethodical experiments on himself and friends.

I consider it necessary to enter at some length on the question of the specific character of homœopathic remedies, because the employment of the term *specific medicine* by some of Hahnemann's followers has given rise to the accusation, on the part of others, that they meant thereby to deny the law of cure *similia similibus*, and sought to bring back homœopathy to the generalizing specific practice so-called of former times. But this is nothing more than one of those false accusations so apt to

^a Lesser Writings, p. 306.

^o See a paper published in that year in the *Lesser Writings*, p. 382, et seq.

be engendered in the heat of controversy, and its absurdity becomes apparent when it is considered that the only way in which those who use the term *specific medicine* in preference to *homœopathy* profess to discover the specific for this or for that case of disease is by experimentation on the healthy, and by the analogy of the symptoms so produced with those of the disease—a proceeding which removes them at once from the vague uncertainty and happy-go-lucky method (if method that could be called which was most unmethodical) employed by the old physicians for the discovery of their febrifuges, their anti-spasmodics, anti-rheumatics, antarthritics, and so forth, which each gained its reputation from having cured at one time a case or two of some disease which was sufficiently precise and definite as to be referrible to a class and species in the nosological table; but as the name is not nearly sufficient to give the indication for the employment of a drug, it usually happened that on the next occasion when it was tried, the case not being precisely of the kind in which it was serviceable before, though bearing the same nosological appellation, the vaunted specific belied the expectations raised concerning it, and speedily fell into disrepute; and such is, in fact, the history of all the fashionable medicines of the old school. It could not but happen in those experimental times, when everything was tried for every disease, that amid such blind and indiscriminate striking the right nail was occasionally hit upon the head, and a rapid and notable cure was effected. If the lucky cure happened to be effected with a single remedy, or, as more frequently happened, a compound prescription, the fortunate practitioner, under whose judicious treatment the cure took place, made speed to acquaint his brethren that such a drug or such a mixture, pill, or draught was a wonderful remedy for such a disease. Now, the probabilities were that this feat could not be repeated from this description, for the chances were that in other's hands the drug, and still more the complex prescription, could not be prepared nor administered in exactly the same way; and another circumstance that greatly tended to diminish the chance of a successful repetition of the cure was, that under

every name of a disease were included many different varieties of disease, for only one of which was the remedy suitable. The consequence of all this was, that though perhaps a few striking cures were actually made by the new remedy, so many failures took place that the once-vaunted specific gradually fell into disfavour and disuse. We can scarcely mention a drug or a formula that has not had its day of reputation, to which its night of neglect bears the same proportion as in northern regions the long night bears to the transient glimpses of sunshine in mid-winter.

Not of the character of such specific-hunters, but the very reverse of such, are those who have been derisively termed *specifickers* by their opponents, who usually arrogate to themselves the title of *pures* or *Hahnemannians*. Some difference there must be between the *specifickers* and the *pures*, else had they not formed themselves into two different schools. The difference does not, I believe, consist in any want of that spirit of individualization so necessary for the selection of the appropriate drug on the part of the so-called *specifickers*, but rather that they endeavour more than their rivals to bring the light of modern pathology to bear on the investigation of the morbid case, and seek to refer, when possible, the array of symptoms to the derangement of some particular organ or system; in other words, they endeavour to arrive at the pathology of the disease, natural or artificial. The term specific, as applied to homœopathy, is, as I have shown, quite Hahnemannic, and might be adopted just as well as any of the other terms that have at various times been proposed by those who have taken objection to the term *homœopathy*. Thus we find one proposing for our adoption the term *homœosympathy*; another, Dr. Weiss, suggests *homœodynamics*; Dr. Perussel prefers *homœo-organics*; Dr. Arnold has written a work on homœopathy, terming it the *idiopathic* method of treatment. *Dynamopathy* and *homœotherapeia* have each their advocates; and *hahnemannism* has been suggested by some, out of compliment to its founder, though Dr. Hering of Philadelphia would apply this term to express the power that is supposed to be added to medicines by

the processes of succussion and trituration, and which he conceives to be analogous to *galvanism* and *mesmerism*, and therefore to demand a similar etymology. Griessele says, if we will have the correct term we must not stick at trifles, but accommodate our mouths to the pronunciation of this euphonious word, *homœopharmacopathy*; and an anonymous writer in the ninth vol. of the *British Journal of Homœopathy*, conceiving homœopathic cures to be guided by the rules of Reichenbach's *od*, proposes for our adoption the term *homœodylism*. From our opponents our system has received various titles: thus Trousseau, who partially believes in the truth of the law, offers us a name founded on his hypothetical explanation of the mode of action of our drugs, *médecine substitutive*; and our bright and trenchant foe, the *Lancet*, looking at one of our remarkable technicalities, has denominated our system *globulism*, just as though we, looking at the prominent practices of the old school, should dub it *pilulism*, *blisterism*, or *complex-prescriptionism*.

But though our term *homœopathy* throws little or no light upon the doctrine it represents, and though had we the christening of it anew we might select a more explicit appellation, yet now that it has been consecrated by time and the thing it represents is sufficiently understood, we shall not presume to turn anabaptists with regard to it, but be content to let it remain as it is.

Now to return to the question of homœopathy being the medicine of specifics, we find that a great deal has been written on this point by homœopaths, and somewhat also by allopathists.

In order to be able to determine if homœopathy be the doctrine of specifics, we must inquire what is meant by the latter term. If we accept, for instance, the definition most current in the old school, viz., that a specific is a remedy capable of always curing a certain disease, we must confess that this is far too vague for the homœopathist, because if we inquire into what is meant by a certain disease, we shall find that it signifies some species of disease in the ordinary nosological system, if it do not stand for a whole class of morbid affections which have no relation to each other besides the fanciful

one assigned to them by nosologists. Thus we shall find that whereas at one time, under the term of the *same disease* are included all the varieties of morbid states included in the terms gout, scrofula, etc., for which no specifics ever have been or ever could be discovered, at another time the term *same disease* is applied to the more definite affections, small-pox, measles, scarlet fever, etc., the different cases of which have a strong bond of connection between them; but still they are subject to such variations that it would be in vain to seek for a specific that should be adapted to the cure of all cases of any of these diseases; nor does homœopathy propose to furnish such specifics.

Sydenham, without pretending to define what a specific is, seeks to inform us what a specific does, viz., it cures a disease without evacuation. Mercury, he says, which only cures syphilis by an evacuation, to wit, salivation, is not a true specific to the disease, but is only specific to the evacuation, which is the agent that effects the cure. "There is a wide difference," he says, "betwixt medicines that *specifically answer to the indications of treatment* and medicines that *specifically cure diseases*." The only true specific he knows is Peruvian bark for intermittent. Nevertheless he expresses his belief that nature has provided remedies of a specific character for the cure of the more serious maladies that afflict humanity, and that near at hand and in every country—if we but knew them.* He cannot imagine that such will be found in the animal and mineral kingdoms, but only in the vege-

* Long before Sydenham, the sagacious Bacon had perceived and lamented the want of specific medicines, and had endeavoured to point out the mode in which such medicines might be obtained, indicating at the same time the fatal obstacle to gaining a knowledge of specifics that existed in the mode of practice of the physicians of his day. The objections he then urged and the advice he then gave apply with equal force to the old-school practitioners of our own day, many of whom profess such admiration for Bacon, but none of whom have profited by the wise counsel he gives in the following passage:—"We generally find," says he, "this deficiency in the cures of diseases, that though the present physicians tolerably pursue the general intentions of cures, yet they have no particular medicines which, by a specific property, regard particular diseases; for they lose the benefit of traditions and approved experience by their authoritative procedure in adding, taking away, and changing the ingredients of their receipts at pleasure, after the manner of apothecaries substituting one thing for another, and thus haughtily commanding medicine, so that medicine can no longer command the disease. For, except Venice treacle, mithridate, diascoridium, the confection of alkermes, and a few more, they commonly tie themselves strictly to no certain receipts; the other saleable

table kingdom.^a Sydenham's views about specifics will therefore not assist us much in our inquiry.

Kopp,^r who condescended to dally a little with homœopathy and patronise it, gives this definition of a specific:—"A medicament which effects alterations principally in one organ in the healthy and diseased state, acts specifically upon that organ." Now, though homœopaths are perfectly willing to admit that all their remedies act especially on particular organs in health and in disease, the above definition is much too vague for their notion of a homœopathic specific remedy, for it avails not to say the medicine produces alterations, but the exact character of such alterations, as shown by the phenomena they give rise to, must be stated. The simple fact of a medicine acting on this or that organ will not suffice; we require to know also the *how* and the *when*. A specific, according to Kopp's definition, might or might not have a homœopathic relation to the disease of the organ on which it is presumed to act, for every organ is capable of being acted on by many medicines; but each medicine produces its own peculiar alterations, and that medicine only is the homœopathic specific which produces an alteration similar to that caused by the disease. Kopp's specifics correspond very closely with the *organ-remedies* of Rademacher and his followers.

preparations of the shops being in readiness rather for general purposes than accommodated to any particular cures, for they do not principally regard some one disease, but have a general virtue of opening obstructions, promoting concoctions, etc., and hence it generally proceeds, that empirics and women are often more successful in their cures than learned physicians, because the former keep strictly and invariably to the use of experienced medicines without altering their compositions. I remember a famous Jew physician in England would say, 'Your European physicians are indeed men of learning, but they know nothing of particular cures for diseases.' And he would sometimes jest a little innocently and say, 'Our physicians were like bishops, that had the keys of binding and loosing, but no more.' To be serious, it might be of great consequence if some physicians, eminent for learning and practice, would compile a work of approved and experienced medicines in particular diseases; for though one might speciously pretend that a learned physician should rather suit his medicines occasionally, as the constitution of the patient, his age, customs, seasons, etc., require, than rest upon any certain prescriptions; yet this is a fallacious opinion that under-rates experience and over-rates human judgment. * * * Therefore this part of physic which treats of positive and authentic remedies, we note as defective; but the business of supplying it is to be undertaken with great judgment, and as by a committee of physicians chosen for that purpose." (*Advancement of Learning*, book iv. chap. 2.)

^a Sydenham, Obs. Med. circa Morb. Acut. Hist. et Cur., Præf. edit. tert., §§ 21, 22, 23, 24.

^r Denkwürdigkeiten, ii.

Stieglitz,* who wrote against homœopathy, understands by the term specific—1. A medicine which, when properly employed, certainly cures a disease in all its stages and degrees, to a certain extent without our being able to tell *how*; and, 2, one that acts decidedly upon an organ without our being able to tell *why*. If such be the correct definition of specific, then we may certainly say that homœopathy is not the doctrine of specifics; and we may also say that there are few, if any, such specifics as those indicated by Stieglitz's first definition.

The great Hufeland, who wrote both for and against the homœopathic principle of his friend Hahnemann, considers that by means of specifics a cure is effected by attacking the internal alterations of the vitality on which the disease depends, which is indeed the disease itself, and changing it into the normal state; and he further says, the knowledge of medicines which produce in a healthy state symptoms similar to the disease (*similia similibus curantur*) may be very well profited of, in order to discover specifics.† In another place he says: "The aim of homœopathy is to find specifics for individual forms of disease; and by so doing it may render great service to medicine."‡

Stapf § attempted to define specifics, and to show not so much that homœopathy was the doctrine of specifics as that the ancient practice with specifics was a sort of crypto-homœopathy—that specifics so-called were indeed homœopathic remedies. *Specificity* he defines to be the relationship of powers among themselves, as also of diseases with the agencies that act upon them. He shows that the idea of specifics in old medicine was of much too general a character; but that this idea, indefinite as it was, contained the germ of a better specific doctrine, which admitted of a much more scientific development and foundation. Homœopathy alone, he alleges, offers a rational mode of discovering specific remedies for every case of disease.

J. W. Arnold at one time¶ condemned the application

* Die Homœopathie. Hannov., 1835.

† Enchiridion, pp. 72, 73.

‡ Hufeland's Journal, 1822, 2nd part, p. 64. § Archiv, i. 1. ¶ Hygie, ii. 250.

of *specific* to homœopathy. Afterwards,* however, he sought to define accurately the term *specific*, and to apply it to the homœopathic method; and his name is one of the most prominent among those of the so-called *specific* school. Whilst acknowledging the value of individualization in respect to diseases, he would confine that within certain limits, for he contends that it is the reverse of scientific to carry it as far as Hahnemann has advised. The scientific physician has more to do than merely to note the individual phenomena of the case of disease before him; he has to investigate the focus of the phenomena, the kernel, as it were, of the morbid picture, the seat of the disease in fact, in order at once to restore unity to the scattered features of the morbid picture, and to get a substantial *point d'appui* for the treatment; a very excellent thing, no doubt, if attainable, but the success that has attended the efforts to attain it have not hitherto been so great as to encourage us to hope that we shall soon be able, from the *ensemble* of the symptoms of a case of disease, to make deductions which shall be anything like mathematically correct as to the particular organ that is the actual seat of the disease, the *primum movens* in the cycle of morbid phenomena. In order to this, we must presuppose a perfection of diagnosis to which we have not yet attained; but at the same time we must admit that we have made wonderful progress of late years towards it, and it is by no means improbable that we shall make still greater progress, as our means of diagnosis and attainments in pathological science advance. Of course it is to be understood that the same deductions that are to be applied to diseases must likewise be brought to bear on the pathogenetic actions of drugs, otherwise the utmost perfection in our knowledge of diseases and their seat would not guide us in the slightest degree to a better mode of treatment; and for this purpose, I fear our whole collection of the pathogenetic actions of medicines would avail us but little, and a thorough re-proving of all would be indispensable. Thus, for the present at least, Arnold's speculations and desi-

* Hyg. xviii. 237; and Idiop. Heilverfahren.

derata are somewhat Utopian in their character. Thus much we must allow, however, that J. W. Arnold is one of the most scientific of our school, and his labours have done more than those of almost any one else to impart a scientific and pathological character to the principle of homœopathy, which we might have expected from his previous reputation as a pathologist, he having been formerly pathological professor at the University of Zurich. It is from the labours of such men that we must hope for the future scientific foundation of the homœopathic principle.

Kurtz^a says, very justly, that it is not sufficient to know of a specific medicine that it acts on such or such an organ, but that we must investigate what was the primarily and principally affected organ, or part or portion of the organ or tissue acted on, what functions are deranged, and how they are so. He would seek thereby to ascertain the character or characteristics of the drug.

Dr. Roth of Munich^b expresses himself similarly with regard to the desiderata for knowing accurately specific remedies.

Schrön lays great stress on the necessity of distinguishing between the idiopathic and the symptomatic symptoms of diseases, whether natural or medicinal, and says, it is only when the medicine and disease resemble each other in their idiopathic symptoms that the former can be held to be specific to the latter. It is, he says, in the homœopathic method only that this resemblance of idiopathic symptoms is attended to, consequently, it is the only true specific method. The specificity required of the medicine, in a homœopathic point of view, is, he says, not merely a specific relation of the medicine to the diseased organ in general, but to the peculiar pathological state of the diseased organ before us, which may be very much modified by the individuality of the patient. This, it will be observed, though expressed in different terms, is completely consonant with Hahnemann's views regarding the necessity of individualizing in our treatment; for it is well known that the same disease, in other words, the same affection of the same organ or organs, may be very

^a Hyg., iv. 241.

^b Hyg., vii.

much modified by the individuality, in other words, the idiosyncrasy of the patient. Schrön cites an example to illustrate his meaning, which shows at once the peculiar distinctive features of the homœopathic system, and wherein it differs from the new sect recently sprung up in Germany, under the leadership of Rademacher, whose great aim is to discover what they term *organ-remedies*, in other words, remedies which act specifically on certain organs, to the diseases of which organs they believe they will be specific. "Mercury," says he, "stands in not nearly so specific a relation to the genital system as *secale*, *sabina*, *pulsatilla*, *platina*, *borax*, *crocus*, *petroleum*, *natrum muriat.*, *lycopodium*, and many other remedies, but it stands in the nearest specific relation to a certain morbid state of these organs, to their syphilitic affection namely, consequently to a certain form of disease of the genital organs, but not to physiologically healthy genital organs."^c

Goullon^d distinguishes two sorts of specific remedies, both of which act, he believes, homœopathically. The first is that sort that is adapted to certain definite forms of disease that present very slight varieties (species of diseases), including, we presume, *belladonna* for smooth *scarlatina*, *mercury* for *syphilis*, etc. These he calls the "*real, proper specifics*;" and from them he separates what he calls the "*individual specifics*," which are those remedies that are appropriate for every single case of disease, that seldom or never recurs in exactly the same way. But he will not allow that the terms *specific* and *homœopathic* are identical; for he says there are specific remedies with which we can effect cures, but which do not correspond in similarity of their effects to the diseases they cure. Now I think that Dr. Goullon is altogether in the wrong, with respect both to his division of remedies into *proper specifics* and *individual specifics*, and his distinction betwixt *homœopathic* and *specific*. For, in the first place, there is no disease which is so invariable in its character as that one and the same remedy shall be the appropriate

^c *Naturheilprocesse*, ii. 212.

^d *Arch.*, xix. 1.; and again, *Arch.*, xx. 1., where he reiterates the above opinions, and says that specifics may be divided into homœopathic and antipathic, according as they are used for their primary or secondary effects. The latter paper is translated in the *British Journal of Homœopathy*, vol. iii. pp. 232, 367.

remedy for every case of it that occurs ; for although there are some diseases, such as syphilis, scarlatina, measles, etc., where one remedy seems to be specific to a vast majority of the cases, yet the exceptions will be found so numerous as to prohibit us saying "such and such a remedy is *the* specific for this or that disease;" thus, with respect to the epidemic miasmatic diseases for example, how often does it happen that two different epidemics shall present such marked varieties in the characteristic symptoms as to render their treatment by two different remedies imperative ; and how often, as Schrön remarked, does it happen, that the very same diseases, in the same epidemic, will be modified by the individuality or idiosyncrasy of the patient, so that, in fact, all specifics are only what Dr. Goullon would call *individual* specifics, although, with respect to some diseases of certain invariable character or specific nature, there is a presumption in favour of certain medicinal agents being the most appropriate for them ; but, nevertheless, it will require careful observation and examination to determine this. Again, Dr. Goullon offers no proof that there are any *specifics* which are remedial agents by virtue of any other power but their homœopathicity to the disease ; and as I do not believe there are any such, I cannot admit his proposition of the non-identity of the terms *homœopathic* and *specific*.

Dr. P. Wolf^c objects to the term *specific* being considered identical with *homœopathic*, chiefly on account of the indefinite meaning attached to it by the ancients. But at the same time he admits,—1st, that homœopathy has shown that all specific cures depend on a common ground of relationship betwixt the remedy and the disease ; 2nd, that the discovery of specific remedies is no longer left as heretofore to blind chance or accident ; 3rd, that we now know that there can only be specifics for species of diseases, and this unriddles to us the conflicting statements respecting certain remedies which are variously stated to be and not to be efficacious in cases of gastrodynia, intermittent fever, etc. ; diseases of totally different species, though having one prominent

^c Hyg., xviii. 418.

symptom in common, having been included under one and the same appellation.

Dr. Rapou, jun., in his *History of Homœopathy*, devotes a chapter to tracing, in a rapid and attractive manner, the various fates that have befallen specific medicine, from the earliest days until the time of Hahnemann. He shows that in the very earliest ages of the medical art the aim of physicians was almost solely directed to the discovery of specifics, and that such were the only medicines used for the cure of diseases. Melampus, Pæon, the divine Æsculapius himself, acquired their fame by their knowledge of specifics, and the votive tablets that were hung in the temples of Æsculapius were only records of specific cures. Hippocrates and his immediate followers exercised a fatal influence on the treatment by specifics, and introduced the so-called rational system. The empirical school of Alexandria was an attempt to revive the medicine of specifics, but unfortunately it did not exercise any permanent influence on the other schools. Galen gave the finishing stroke to the specific school, and introduced into medicine those miserable hypotheses of his, whose injurious influence on the real progress of the medical art is not unfelt at the present day. Henceforward the medicine of specifics fell into disrepute, and was practised only by quacks, no physician who had any pretension to education deigning to occupy himself with anything so irrational. Thus, when Paracelsus, than whom a greater genius never appeared on the medical stage, directed his attention to the discovery of specifics, he was denounced by all his brethren, and that with such effect that his name of Bombastes became a by-word for everything extravagant and absurd, and such was the rancour and the success with which his enemies pursued him, that the impression they created concerning him is retained by our own generation of doctors; and while few have read his works, or even know their titles, almost all can sum you up his character with a confidence that impresses you with the sincerity of their convictions, viz., that he was the greatest quack that ever lived—except one, whom we have of late years heard condemned with equal seve-

rity and in equal ignorance. Van Helmont, like Paracelsus, had a high opinion of specific medicines. The sixteenth century saw the introduction among us of several substances of a specific character. These, for the most part, were introduced into medicine by travellers who had witnessed their successful employment by the savages of newly-discovered countries. From such a degrading source the great authorities in medicine, who were imbued with a belief in the infallibility of Galen's teaching, would not condescend to accept curative agents; and accordingly we find them stirring up kings and parliaments to issue edicts against their use, and to impose punishments on all who dared to employ them. And when, notwithstanding all their bigoted opposition, the remedies they denounced were forced upon them, they endeavoured to explain their utility by all sorts of theoretical speculations. One medicine acted by being a tonic, another by being a debilitant, a third because it was a sedative, a fourth by virtue of its bitterness, a fifth by reason of its acidity. Thus, as is not uncommonly the case, even in our own nineteenth century, facts were made to accommodate themselves to theory, which is to reverse the proper order of things. Nevertheless, the specifics remained, the theories received decent burial, and are now forgotten. Sydenham, Boerhaave, Van Swieten, and especially Von Störck, devoted themselves to the search for specifics, with more or less success; but still they were obliged to trust to chance mainly for their discovery, and specific medicine still stood in antagonism, as a mere empiricism, to so-called rational medicine, until Hahnemann appeared, who, bringing the power of his great genius to bear on the subject, first showed how specifics might be methodically discovered, and from that moment the medicine of specifics ceased to be an empiricism and became *rational medicine par excellence*, a fact which Hahnemann wished emphatically to register when he gave as the title of the first edition of the book that taught his principles, *Organon of Rational Medicine*.

Dufresne^f contends that the homœopathic doctrine of

^f Bibl. Hom. de Genève, 1834.

specifics has nothing in common with the old doctrine of specifics, for the homœopathist does not look to species of diseases as the botanist to species of plants. The homœopathic specific is, on the contrary, adapted to the individuality and not the species, which is exactly what I have stated on more than one occasion when considering the opinions of others on this point.

To the same purpose Watzke^g alleges that homœopathy is the specific method, but not that obscure method of the same name as it exists in the old school, but that disclosed by the principle *similia similibus*; and Dr. Black in his treatise alleges that the doctrine of homœopathy is simply the doctrine of specifics.

For my own part, I have not the slightest hesitation in joining heartily in this opinion, it being understood that the specificity of homœopathic medicines is not of that vague and general character understood by the old school; that in fact, as Dufrèsne has it, the specificity is not towards species of diseases but towards individual cases of disease; and I think we are justified in saying that while the experimental method of Hahnemann has demonstrated, with respect to all the specifics of the old school, that they act according to the principle of *similia similibus*, and while the actual experiments of Hahnemann and his followers have vastly enriched our store of specifics, we may conclude that all unproved remedies that show a specific action cure by virtue of their homœopathicity. Thus we should consider homœopathicity and specificity to be convertible terms, understanding the latter word in the limited sense I have above attached to it.

I shall now pass on to a consideration of the *explanations of the curative process* offered at various times by Hahnemann, and likewise some of the most remarkable of those of his disciples and others.

In Hahnemann's first essay *On a New Principle etc.*,^h published in 1796, wherein he first broaches the homœopathic therapeutic law, as it is now termed, and which, as I before stated, he only thought applicable

^g Hom. Bekehrungsbriefe, p. 74.

^h Lesser Writings, p. 311.

to the treatment of chronic diseases—in this essay, I say, we find the following rule laid down for the choice of the remedy:—

“We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the disease we wish to cure (especially if it be a chronic one) that medicine which is able to produce another very similar artificial disease, and the former will be cured—*similia similibus*.”

A little further on he states that it is the direct or primary action of the medicine that must resemble the symptoms of the disease.

No further explanation of the *modus operandi* is given in this essay, except it be that he incidentally says a little further on, quoting from his observations on bark in his translation of Cullen’s *Materia Medica*, which he published in the year 1790, that this substance produces a true attack of fever very similar to intermittent, and for this reason it *overpowers* the latter. The first hint of an explanation of the mode of action of remedies occurs in the *Medicine of Experience*. We there find the following two maxims laid down:—

“1. When two abnormal general irritations act simultaneously on the body, if the two be *dissimilar*, then the action of the weaker will be suppressed and suspended for some time by the stronger.”

As an illustration of this he cites the suppression of measles by small-pox, and of the plague by the same disease.

“2. When the two irritations *greatly resemble each other*, then the weaker, with its effects, will be completely extinguished and annihilated by the analogous power of the stronger.”

He illustrates this by stating that cow-pox is annihilated by the supervention of small-pox—that the permanent cure of some cutaneous affections is brought about by cow-pox, provided these were similar to the exanthema that often accompanies cow-pox—that itch is cured by *hepar sulphuris*, which causes a similar eruption—and a burn is healed by the employment of strong alcohol.

Here the medicinal agent is stated to be a *stronger*

irritation than that of the disease, and this statement is repeated a little further on in the same essay, where Hahnemann talks about the *homœopathic aggravation*, a subject which is so intimately connected with Hahnemann's views of the *modus operandi* of remedial agents that we cannot altogether separate it from this subject. However, in this place I shall do no more than state that an aggravation of the symptoms was presumed by Hahnemann to occur at first after the administration of every remedy homœopathic to the disease. This aggravation he explained to be nothing more than a manifestation of the primary symptoms of the medicine, "which are somewhat superior in intensity to the disease, and which ought to resemble the original malady so closely," as to seem like an increase of the disease. However, he states a little further on that such aggravation is owing to the dose of the medicine being too large, and will be got rid of by reducing the dose.

Hahnemann then brings forward as an illustration of homœopathic treatment the case of the overheated labourer curing himself by a small quantity of spirits.

Passing over the gradual development of this theory, as we find it in the successive writings of Hahnemann, let us pass on to the more complete statement of it in the last edition of the *Organon*, and there we find the homœopathic law thus explained (§ xxvi.):—

"A *weaker* dynamic affection is permanently extinguished in the living organism by a *stronger* one, if the latter (whilst differing in kind) is similar to the former in its manifestations."

The mode in which this operation is attempted to be explained we find detailed as follows:—

"As every disease (not strictly surgical) depends only on a peculiar derangement of our vital force in sensations and functions, when a homœopathic cure of the vital force deranged by the natural disease is accomplished by the administration of a medicinal agent selected on account of an accurate similarity of symptoms, a somewhat stronger but similar artificial morbid affection is brought into contact with and, as it were, pushed into the place of the weaker, similar, natural morbid

irritation, against which the instinctive vital force, now merely (though in a stronger degree) medicinally diseased, is then compelled to direct an increased amount of energy; but, on account of the shorter duration of the action of the medicinal agent that now morbidly affects it, the vital force soon overcomes this, and as it was in the first instance relieved from the natural morbid affection, so it is now at last freed from the artificial (the medicinal) one, and hence is enabled again to carry on healthily the vital operations of the organism."

And he adds in a note to this paragraph: "The short duration of the action of the agents that excite artificial diseases, which we term medicines, makes it possible that, although they are at the same time stronger than the natural diseases, they can yet be much more easily overcome by the vital force than can the weaker natural diseases, which, solely in consequence of the longer, generally life-long, duration of their action (psora, syphilis, sycosis) can never be vanquished and extinguished by it alone, until the physician affects the vital force in a stronger manner by an agent that produces a disease very similar but stronger (to wit, a homœopathic medicine), which, when taken (or smelt), is, as it were, forced upon the unconscious, instinctive vital force, and substituted in the place of the former natural morbid affection, by which means the vital force then remains merely medicinally ill, but only for a short time, because the action of the medicine (the time in which the medicinal disease excited by it runs its course) does not last long. The cures of diseases of many years' duration by the occurrence of small-pox and measles (both of which run a course of only a few weeks) are processes of a similar character."¹

He then lays down the following as a justification of the explanation just given:—

"The human body appears to admit of being much more powerfully affected in its health by medicines (partly because we have the regulation of the dose in our own power) than by natural morbid irritations—

¹ Organon, § xxix., and note.

for natural diseases are cured and overcome by suitable medicines.

“ The inimical agencies, whether of a psychical or a physical character, to which our terrestrial existence is exposed, which are termed morbid noxious agents, do not possess the power of morbidly deranging the health of man unconditionally; but we are made ill by them only when our organism is sufficiently disposed and susceptible to the attack of the morbid cause that may be present, and to be altered in its health, deranged, and made to undergo abnormal sensations and functions—hence they do not produce disease in every one, nor at all times.

“ But it is quite otherwise with the artificial morbid agents which we term medicines. Every real medicine, namely, acts at *all* times, under *all* circumstances, on *every* living human being, and produces in him the symptoms peculiar to it (distinctly perceptible, if the dose be large enough), so that evidently every living human organism is liable to be affected, and, as it were, inoculated with the medicinal disease at any time, and absolutely (unconditionally), which, as before said, is by no means the case with its natural diseases.

“ In accordance with this fact, it is undeniably shown by all experience that the living human organism is much more disposed and has a greater tendency to be excited and to have its health deranged by medicinal powers, than by morbid noxious agents and infectious miasms, or, in other words, that the morbid noxious agents possess a power of morbidly deranging man's health that is subordinate and conditional, often very conditional, whilst medicinal agents have an absolute unconditional power, greatly superior to the former.”¹

Now, I believe a fallacy will be found to pervade all these attempts at explanation, and the premises on which they are founded are in my judgment untenable.

There is no proof offered of the affection excited by the medicine being stronger than the natural disease, beyond the fact of the medicine curing the disease. The fact stated in § xxxii., which I have just read, that the

¹ Organon, §§ xxx., xxxi., xxxii., xxxiii.

medicine is capable of acting "at *all* times, under *all* circumstances, on *every* living human being," whilst the disease acts very conditionally, would not, if true, prove the greater *strength* of the medicine, but only that the organism is more susceptible to the medicinal than to the morbid irritation. A vessel of unannealed glass will resist a powerful blow from a wooden hammer, but will fly into a thousand shivers if a grain of sand be but dropped into it from the height of a foot, yet no one would say that the strength of the blow in the latter case was greater than in the former.

Besides, it is not true that medicines act at all times, under all circumstances, and on every human being as here stated, for we know that many people are in the habit of consuming daily certain substances that belong to the class of medicinal agents, such as pepper, mustard, vinegar, tea, coffee, tobacco, cinnamon, nutmeg, and other spices, without experiencing any medicinal effects; indeed, what is here stated of all medicinal substances is only partially true with regard to the more active poisons^k and the less active medicinal substances in large

^k And not always so with regard to them even; witness the enormous quantities of opium required by a habitual opium-eater to produce any effect, and the still more wonderful instances of the modern arsenic-eaters, for an account of whom see *Brit. Jour. of Hom.*, vol. xi., Jan., 1853. I may further allude to some historical examples of immunity from the effects of poisonous substances. One of the most remarkable of these is the case of Mithridates, king of Pontus, who had so accustomed himself to the ingestion of poisons that when, after being conquered by Pompey, he wished to put an end to himself by poison, he was unable to do so. (*Pliny*, lib. xxv. c. 2.) Racine, in his beautiful tragedy of *Mithridate*, thus describes this circumstance:—

"Il n'a plus aspiré qu'à s'ouvrir des chemins
 Pour éviter l'affront de tomber dans leurs mains.
 D'abord il a tenté les atteintes mortelles
 Des poisons que lui-même a crus les plus fidèles;
 Il les a trouvés tous sans forces et sans vertu.
 'Vain secours, a-t-il dit, que j'ai trop combattu!
 Contre tous les poisons soigneux de me défendre,
 J'ai perdu tout le fruit que j'en pouvois attendre.
 Essayons maintenant des secours plus certains,
 Et cherchons un trépas plus funeste aux Romains.' "

Galen relates that an old Athenian woman had so habituated herself to take aconite, that she was able to swallow large quantities of it without injury. (*Simpl. Medic.*, lib. iii. c. 8.) A still more remarkable case is mentioned by Camerarius in his *Medit. Hist.*, cap. 69: "Cum victor Alexander magnus Indias debellaret, a rege quodam missa sit virgo pulcherrima venenis ita cibata, ut appropinquantes saliva sua posset interficere, ut ejus forma captus, cum hac concumbens, interiret: fraudem suspicatus Aristoteles Regi consuluit, ut prius jungi cum illa sulicum mandaret, qui simul ac eam impudice attigit, veneno

doses. Indeed, it may be stated as a rule that the action of medicines on the healthy human organism is not absolute but conditional, being dependent in a great degree upon the dose in which they are given. But in disease, as experience teaches us, the susceptibility to the specific irritation is so enormously increased that the same dose which can be borne in health without particular inconvenience, will in disease produce the most violent action, and the very smallest doses act.

Again, if we are to judge of the relative strength of different agents by their effects, we cannot say that the medicinal irritation of belladonna, for example, is stronger than that of the miasm of scarlatina, for whilst it would require a large dose of the former to produce the semblance of even a slight attack of scarlatina, we know that the most imponderable portion of the latter will oft-times kill in spite of the most judicious treatment. Besides, we know that the violence of the effect of a medicinal agent is in a great degree proportioned to the quantity in which it is administered, and the quantity sufficient for the homœopathic cure is so infinitesimal, that it is unable in most cases to produce the slightest appreciable effect upon the healthy organism. It is thus obvious that the medicinal irritation cannot by any possibility be considered the stronger of the two, and some of the illustrations of the homœopathic law given by Hahnemann in the *Organon* abundantly demonstrate this.

The overheated labourer cures himself by taking a small mouthful of brandy, quite insufficient to produce those symptoms of overheating from which he suffers.

The cook who has burnt his hand does not expose it again to a greater heat than caused the burn, but to a much less degree of heat.

The frost-bitten limb is cured not by a greater cold than caused the frost-bite, but by a much less degree of cold.

These examples, which are Hahnemann's own illus-

exanimatus est." A similar story is related of the Sultan of Cambaya, who, by the daily use of poisons is said to have not only rendered his body invulnerable, but so impregnated with them that he could kill a man by spitting on him, and his embrace was followed by instant death, so that he was compelled to have no fewer than 4000 concubines. (*Fletcher's Pathology*, p. 115.)

trations, sufficiently show that the curative irritation, in place of being stronger, is actually weaker than the morbid one.

Let us examine some of the other illustrations he brings forward to prove the greater strength or power of the curative agent.

“How is it that in the early dawn the brilliant Jupiter vanishes from the gaze of the beholder? By a stronger very similar power acting on his optic nerve, the brightness of approaching day! In situations replete with foetid odours, wherewith is it usual to soothe effectually the offended olfactory nerves? With snuff, that affects the sense of smell in a similar but stronger manner! No music, no sugared cake, which act on the nerves of other senses, can cure this nausea caused by the disgusting odour. How does the warrior cunningly banish the piteous cries of him who runs the gauntlet from the ears of the compassionate bystanders? By the shrill notes of the fife, commingled with the roll of the noisy drum! And the distant roar of the enemy’s cannon, that inspires his army with fear? By the mimic thunder of the big drum! For neither the one nor the other would the distribution of a brilliant piece of uniform nor a regimental reprimand suffice. In like manner, mourning and sorrow will be effaced from the mind by the account of another and still greater cause for sorrow happening to another, even though it be a mere fiction. The injurious consequences of too great joy will be removed by drinking coffee, which produces an excessively joyous state of mind. Nations, like the Germans, who have for centuries been gradually sinking deeper and deeper in soulless apathy and degrading serfdom, must first be trodden still deeper in the dust by the Western Conqueror, until their situation became intolerable; their mean opinion of themselves was thereby overstrained and removed; they again became alive to their dignity as men, and then for the first time they raised their heads as Germans.”¹

The disappearance of Jupiter before the sunlight is

¹ *Organon*. § xxvi., note.

a most unhappy illustration; for what can be more different from the morbid effects of the invasion of a disease-creating agent than the impinging of the rays from a planet on the retina, and what more different from its cure than the physical phenomenon of the disappearance of the celestial bodies before the powerful rays of the luminary of day? That the analogy should be complete, the observer should have been rendered for ever incapable of seeing Jupiter after once beholding the sun's light! The same remarks apply to the illustrations of the snuff-taking concealing stench, and the minor noises being rendered inaudible by the greater.

The next illustration of a great grief being soothed by the recital of a greater tale of woe is not, as it would at first sight seem, favourable to the theory, for the recited tale, be it ever so woful, is incapable of producing such violent effects as the misfortune experienced by the individual himself which caused his grief. It is obvious that it is a less powerful agency than that which caused the affection it is to cure.

The injurious consequences of too great joy being cured by coffee, which produces an excessively joyous state of mind, is surely not an illustration of the homœopathic law; at least, not as the proposition stands. In order that it shall be such an illustration, it would have to be shown that coffee produces a state or an affection similar to the injurious effects of great joy.

I would give quite another interpretation of the rising of the Germans against Napoleon than the far-fetched one here given. The Germans rose as one man because their princes appealed to them as men, in place of treating them as slaves, as they had hitherto done, and they rose on the promise of having their liberties secured and constitutional government bestowed upon them—promises that were broken whenever these brave Germans had secured their respective thrones to these faithless princes; just as we have seen in our own time the most sacred and solemn oaths of a similar tenor broken by these same worthy princes and their successors, when the dangers that extorted from them those oaths were past. No, loyal and true-hearted old Saxon! do not

seek in homœopathy an explanation of the wonderful rising of your glorious countrymen against the Corsican tyrant. The prize of liberty—that first and best of human blessings—which was held temptingly before their eyes by their treacherous princes, was what excited them to do those heroic deeds of valour that freed their country from the sway of the mighty despot; but Europe remembers with indignation how shamelessly the well-earned prize was withheld the moment these pusillanimous domestic tyrants felt their ignoble thrones secure.

Another error is contained in this explanation of Hahnemann's, and that is with respect to the supposed nature of disease, which is here represented as an inimical entity residing in the organism, against which the instinctive vital power is struggling ineffectually, which I trust I shall be able to show is a totally erroneous conception of the morbid process. But of this hereafter.

At a subsequent period, viz., in the preface to the fourth vol. of the *Chronic Diseases*, 1838, Hahnemann attempted another explanation of the curative process, which I shall now read to you:—

“It is undeniable that our vital force is unable, without the assistance of true curative agents, administered by human skill, to combat with inconsiderable acute diseases (if even it do not succumb to them), and to re-establish a sort of health, without sacrificing a portion (often a large portion) of the fluid and solid parts of the organism in what is called a crisis. How it effects this will remain for ever unknown to us; thus much, however, is certain, that it cannot overcome even these diseases in a direct manner, nor without such sacrifices. The chronic diseases of miasmatic origin it cannot cure by itself, and restore real health, even with such sacrifices. But equally certain is it, that when, by the true (homœopathic) healing art, guided by human wisdom, it is put in a position to overpower and to subdue (to cure) diseases with which it is attacked, as well those of an acute as those of a chronic miasmatic character, directly and without such sacrifices, without loss to the organism and to life, it is always the vital force that conquers: just as the native army which drives the enemy out of the

country must be called the conqueror, although it was assisted by foreign auxiliary troops. It is the organic vital force of our bodies which itself cures natural diseases of all kinds, in a direct manner and without such sacrifices, whenever, by means of the proper (homœopathic) medicines, it is placed in a position to conquer, which indeed it never could do without the auxiliary power, without this aid; for our organic vital force, by itself, only suffices to preserve the vital operations in their good order as long as the individual is not morbidly deranged by the inimical influence of morbid agencies. *By itself* it is not a match for the latter; it opposes them with a power scarcely equal to that which the inimical influence exerts upon it, and that with various indications of suffering on its own part (which we term symptoms of disease), but by its own power it could never overcome the chronic-disease enemy, as it cannot conquer even acute diseases without considerable loss of portions of the organism, if it were to remain without assistance from without by means of real remedial aid, to furnish which the Preserver of human life has commissioned the intelligent physician. *With a scarcely equal* opposing power, I repeat, the vital force advances against the hostile disease, and yet no enemy can he overcome, except by a superior power. The homœopathic medicine alone can supply the vital principle with this superior power. Left to itself, this principle that animates us, this vital force, merely organic, only designed for maintaining undisturbed health, opposes to the advancing hostile disease only a weak resistance, and, as the disease progresses and increases in intensity, a greater resistance, but at best one that is only equal to the hostile attack, in delicate patients not even equal, often only weaker; for offering an overpowering, an unhurtful opposition, it is not capable, not intended, not designed. But if, by means of acting upon it by homœopathic medicines, we physicians can represent and oppose to this instinctive vital force, its enemy the disease as it were increased—however little increased—and if in this manner we magnify to the perception of the vital principle the picture of its enemy the disease, by homœopathic medi-

cines that produce an imitation of the original disease of illusive resemblance to it, we thereby, by degrees, cause and compel this instinctive vital force gradually to increase its energy, and to go on always increasing it more and more, until at length it becomes much stronger than the original disease was, so that it can again become the autocrat in its own organism, can again take the reins and direct the organism on the way to health; whilst in the meantime the apparent increase of the disease produced by the homœopathic medicines disappears spontaneously, whenever we, witnessing the re-established preponderance of the vital power, that is to say, the re-established health, cease to administer these remedies. Incredibly great is the fund of the spiritual vital principle imparted to man by the infinitely benevolent Creator, if we physicians did but know how to keep it right in days of health by a properly regulated wholesome regimen, and in diseases to summon it forth and stimulate it up to the proper mark by pure homœopathic treatment.”^m

This, it must be apparent to all, is a more extravagant attempt to explain the curative process than any of his former ones; from first to last it is all conjecture, and has not even the credit of being ingenious. It is not true that acute diseases are not cured without the assistance of art save by the sacrifice of portions of their fluids and solids. For, as is sufficiently well known to us all, a diarrhœa may cease, a catarrh go off, a pleurisy, an erysipelas, a fever, etc., terminate spontaneously without the occurrence of these so-called crises, which Hahnemann here terms sacrifices of a portion of the fluids and solids; and the health that is re-established after the natural termination of the disease is just as perfect in general as that which is brought about by the aid of art. According to this explanation, the vital force is insufficient of itself to overcome the disease, and it is the homœopathic medicine that is to add to its power—but how is it to do this? Not by strengthening it directly—oh, no! but by going to the assistance of the disease and

^m Chronischen Krankheiten, 2nd edit., part iv., p. iv., 1848; translated in my edition of the Organon, p. 129.

making it appear greater than it is in reality. To carry out Hahnemann's simile it is as if one king should, in order to assist an ally whose dominions were invaded by an enemy, send over to the enemy's army a reinforcement of several regiments of "men in buckram," in order that the sight of this additional adverse force should stimulate the pluck of his ally's troops to such an extent as to make them perform prodigies of valour so as to defeat the invading force, or else induce the beleaguered monarch to call out his reserves of militia, national guards, or landwehr, and thus present an overwhelming force to the enemy and drive him across the frontiers, whereupon the "buckram men," their services being no longer required, would incontinently collapse.

This explanation, it will be seen, is of the crudest and most unfounded character, and on reading it we feel disposed to agree with the remark of one of Hahnemann's disciples and critics, that though he was one of the best of observers he was one of the worst of theorizers.^a Accordingly Hahnemann's explanations have satisfied none of his disciples, and numerous are the attempts that have been made to furnish a more satisfactory explanation of the curative process; indeed, I doubt if any subject or any part of the field of homœopathy has been so diligently cultivated as this, and merely to give an outline of the various explanations that have been proposed would occupy several lectures; I shall therefore limit myself to mentioning a few of the most remarkable attempts at explaining the curative process.

Rau of Giessen,^c than whom a more learned or more clear-headed man has never appeared in the ranks of homœopaths, endeavours in an especial treatise to explain the curative virtues of homœopathic medicines by the alteration they are assumed to produce in the polarity

^a I must, however, observe that Hahnemann evidently felt his explanation was open to criticism, and almost apologizes for offering it, as he affects to regard it as an indifferent matter whether or not an explanation can be given.

^c "As this natural law of cure," he says, "is verified by every pure experiment and observation in the world, and the fact is consequently established, it matters little respecting the scientific explanation of the manner in which it takes place, and I do not attach much importance to the attempts made to explain it."—*Organon*, § xxviii.

^d Ideen zur wissenschaft. Begründung, etc.

of the diseased part. This I believe to be mere speculation, insusceptible of proof as yet—the magnetoscope to the contrary notwithstanding.

Attomyr^p wrote an interesting and thoughtful paper, entitled *The Theory of Homœopathy, based on the laws of Natural Philosophy*. In this he takes as a text Ferd. Jahn's admission, in a work^q of his, that diseases are analogous to the growth of plants. Attomyr follows the subject up in a masterly manner, and though I cannot here enter fully into the details of the subject, I may state the principal points brought forward by our author. Diseases arising from a specific miasm he compares to plants that are produced from seeds; those which are otherwise excited to those organized beings that are produced by a concurrence of external circumstances (*generatio æquivoca*); and he mentions the fact stated by Gruithausen, that he had observed upwards of 1000 different species of infusoria produced from different substances, and from the same substances under different circumstances. The infinite variety of diseases occurring in different individuals, and in the same individual under different circumstances, is cited as analogous to this fact of Gruithausen's. Diseases, he continues, resemble plants in this also, that they have their period of germination, their growth, their flowering, their fructification, and their death; and that what we ought to do is to promote their flowering and fructification as rapidly as we can, and their natural death will follow. To cut off the blossom, *i. e.*, to repress the external signs, as the chancre in syphilis, the eruption in the exanthemata, etc., would not hasten the death of the disease, any more than cutting off the flowers of a plant would kill it. Our object should be to promote the flowering and fructification, by supplying it with an agent that produces a similar state, and this is the homœopathic medicine, whereby we make it live faster, so to speak, and thus hasten its death—cause it to die prematurely. Now, apart from the circumstance that the analogy is very slightly or not at all applicable to many diseases, this explanation is

^p Archiv, xiii.

^q Ahnungen einer allg. Naturgeschichte der Krank. Eisenach, 1828.

very unsatisfactory, even with regard to those diseases which do present the analogy in its greatest force. For, after all, it is a very poetical idea to consider diseases as organisms within an organism, as parasites as it were; and even of the miasmatic diseases, to which this idea is alone applicable, there are many which do not at all resemble those plants that begin to wither and die after their blossoming; such are syphilis, many skin diseases, tumours, malignant and other, which show no signs of dying after they have borne blossoms, but which, if unchecked, persist to the end of the life of the organism in which they flourish; so that, with respect to such perennial diseases at least, the homœopathic agent would only, if Attomyr's views be right, promote the growth, but by no means the death of the disease. Again, as regards the acute exanthemata, to which the views developed by Attomyr best apply, it is not at all obvious how the homœopathic medicine, which is an agent altogether different from the miasm that caused the disease, should have the power of promoting its growth; for there is no analogy in nature to make us suppose that the growth of a plant would be promoted or hastened by supplying it with the seeds of a similar plant. Altogether Attomyr's theory rests upon nothing more solid than a somewhat far-fetched analogy of some few diseases with the growth and decay of some plants, but at best the analogy is more worthy of a poet than of a natural philosopher.

I find that the same idea pervades the recent work of Attomyr *On the Natural History of Diseases*,* where he utters the following paradox which should form the basis of treatment, viz., that "the cure of diseases depends on the promotion or continuation of diseases."

Professor Eschenmeyer of Tübingen wrote an essay,† in which he shows himself quite a latitudinarian in respect to the opposing schools. His views strike me as giving such a droll idea of the medical art, that I cannot refrain from giving you an extract from his work. "In medicine," says he, "two fundamental views prevail that deter-

* *Primordien der Naturgeschichte der Krankheiten*, p. 35.

† *Die Allöopathie und Homöopathie verglichen in ihren Principien*. Tübingen, 1836.

mine the method of treatment to be pursued. Either—1, the morbid symptoms are the product of the vital force reacting in the various organs and systems attacked by the inimical agencies; or 2, the morbid symptoms are the product of the inimical agencies in the organs and systems, that obstruct the healthy operations of the vital force. The method of treatment we adopt will depend upon which of these two theoretic views we select. If we select the first, then the array of symptoms, as the expression of the reaction, must be promoted by the remedy, that is, they must be rather increased than diminished, in order that the curative power may attain that height in which it may be able to conquer the inimical agencies. Such is the homœopathic method of treatment, which may be termed the immediate or direct method. If, however, we prefer the second view, then the array of symptoms is the expression of the inimical agencies, which must be subdued and gradually extirpated by oppositely acting remedies. Such is the allopathic or old method of treatment, which may be termed the mediate or indirect method." Now, it is useless to remark that both of the above theories can by no possibility be true; if one is true the other is false, and it is the height of *naïveté* in Dr. Eschenmeyer to suppose, as the above passage implies, that the particular therapeutic tenets of the physician can make the one or the other theory correct at random, as it were. If the first theory be correct, and if it require the homœopathic employment of medicines, then it is evident the second theory and the allopathic method which it demands must both be false. But Eschenmeyer admits both methods to be true; it is therefore evident that neither of his pathological theories can be true. But I will go so far as to say, that neither the first theory implies a necessity for the homœopathic employment of medicines, nor does the second theory imply the truth of their allopathic employment. Not a shadow of proof is offered that the homœopathic remedy favours the reaction of the vital force, or that the allopathically employed remedy possesses the power of removing the obstruction to the proper action of the various organs. But I need not dwell longer on this monstrous idea.

Jahn,[†] who, though no homœopathist, wrote upon homœopathy, admitting it as one of the therapeutic principles, also asserts that homœopathic cures are to be attributed to an increase of the reaction of the organism against the disease; but unlike Eschenmeyer, who, in his first theory, ascribes them to the direct influence of the medicine upon the reactive processes, he says they are owing to the medicine increasing the disease, as a consequence of which the reactive processes are also increased. This, it will be observed, is not unlike Hahnemann's last explanation, and the objections to which the latter is liable are equally applicable to this explanation; indeed, except in very slight affections, any increase of the disease must not only be foreign to the purpose of cure, but dangerous to the patient, for although the hypothetical diseases of the desk may be increased or diminished at will, it is otherwise with the actual diseases as we find them in nature; these we generally discover to be quite strong enough and frequently too strong for us, and far from requiring to be increased in intensity, they tax our skill to counteract the natural tendency they often have to rise to a dangerous height.

Dr. Schrön's[‡] theory, which, both on account of the acknowledged learning of its author and the ingenious arguments he adduced in its support, gained the adhesion of a large portion of the homœopathic world of Germany, may be briefly stated as follows. The disease is a joint product of the noxious agent and the reacting vitality (*Seele*); therefore the disease is not something apart from the vitality, but is something called into existence by it. It is not conceivable that the vitality, as an agent producing the disease, can react against the *quale* produced by the joint operation of itself and the noxious agent, seeing that this *quale* is partly a result of its reaction. The effort of the vitality is directed to the removal of the noxious influence, and this effort is manifested by the various reactive processes. It is quite comprehensible that it should stand in aid of support and assistance in this effort. This assistance it cannot give

[†] System der Physiatrik.

[‡] Naturheilprocesse und Heilmethode, ii. §§ 166—173.

itself. By an irritation from without, similar to the morbid state, a reaction is produced, which being directed both against this new irritation and against the morbid process (which has the same direction as the new irritation), endeavours to remove both by neutralizing them.

These are, as nearly as possible, Dr. Schrön's own words, and this explanation, I imagine, involves a self-evident contradiction. According to it, the reaction of the organism against the morbid agent is the disease, and this disease is to be cured by exciting increased reaction of the same kind, in other words, increased disease. We are left completely in the dark as to how the increased reaction produced by the medicinal agent is to cure or neutralize, as Dr. Schrön has it, both the reaction against the morbid agent and itself. Like all the theories where the reaction of the organism, as it is called, plays such a distinguished part, this explanation goes on the supposition that those morbid symptoms which are called reactive, but which are really the only cognizable symptoms of the disease, are an attempt at a curative process on the part of the organism, which is unfortunately too feeble to effect its purpose, viz., the cure of the disease, until assisted by the homœopathic medicine. But supposing these premises true, what an odd way of strengthening the reaction is it to increase the intensity of the disease! This is still for all the world precisely the same thing as Hahnemann's proposition for strengthening the hands of his ally, by sending the reinforcements of sham men to the enemy, with this difference, that Schrön would send regiments of real not sham men; and indeed Schrön will have it that all that the homœopathic medicine does is to hasten the disease through its various stages, and by no means to extinguish the morbid process. According to his theory, however, this treatment should likewise have the effect of increasing the intensity while it diminishes the duration of the stages of disease, a result scarcely to be desired in any instance, and one the reverse of what experience teaches us does actually take place. The premises I believe to be false to begin with, and the whole argument based upon them is consequently false. The so-called reaction

is not a curative effort of the organism but a morbid process, and nothing but a morbid process. The sleeplessness that follows the soporific effects of opium is clearly a reaction, such as our author understands a reaction, but none would call it a curative attempt; the constipation that follows diarrhoea is reaction, but not curative; the heat that follows cold, and the cold that follows heat are reactions, but not curative; all are equally morbid, and the object of therapeutics is not to promote any morbid process, but to put a stop to all.

In Hufeland's *Enchiridion** I find the Nestor of medicine giving a similar explanation of the homœopathic cure.

"Even the direct cure of diseases by specifics so-called," says he, "is the work of nature; for the remedy used acts only as an excitative, and the reaction it awakens and the alteration for the better are solely owing to the internally working power of nature. Thus far also homœopathy, which claims so high a stand over nature, is the best proof of her power, for Hahnemann's doctrine is nothing more than a method of curing diseases by specifics; and in selecting such a remedy as will create a disease similar to that which already exists, affecting the very organ diseased, excites the reaction of nature in this part, and produces that internal curative process which heals the disease."

This is essentially the same explanation as that given by Schrön and others, and it may be observed that this or something like this is the necessary theory of those pathologists in whose creed the *vis medicatrix naturæ* plays the part of an omnipotent divinity, who look upon all the symptoms of disease as the manifestation of her struggles, and whose chief aim it is to discover what direction these struggles are taking, and to aid and abet them by every means in their power. This creed I believe it is that has given rise to that meddling and mischievous treatment of diseases by purgatives, blisters, setons, diaphoretics, diuretics, and even blood-lettings, the ill-success of which failed to demonstrate to physicians the fallacy of their theories. "Imitate and assist nature," they

* American translation, p. 20.

cried; and if diseases were occasionally observed to terminate, when let alone, with so-called critical diarrhœas, diaphoreses, diureses, ptyalism, cutaneous eruptions, abscesses, and hemorrhages, they imagined these phenomena were in some mysterious manner the cause of cure, and that if they imitated them they would be assisting nature and accelerating the cure; and accordingly they bled, blistered, sweated, salivated, and purged, and if the patient died, as he was like to do under such treatment, they felt convinced that he had not been blistered, sweated, salivated, purged, or bled enough, nor did it ever occur to them that they could be in error with respect to the value, in a curative point of view, they attached to those so-called crises that occasionally occurred in the natural course of diseases or by consequence to their artificial imitations of them.⁷

In my next lecture I shall bring under your notice and subject freely to criticism a few more of the explanations that have been offered of the curative process, and endeavour to lay before you one free from the objections which I shall have to make to those hitherto attempted.

⁷ Though occasionally the ill-success of this treatment might almost have led them to exclaim with the illustrious doctor of Valladolid:—"Si je n'étois pas aussi sûr de mes principes que je le suis, je croirois mes remèdes contraires à presque toutes les maladies que je traite." (*Gil Blas*, liv. ii., chap. 5.)

LECTURE IV.

THEORIES OF CURE (CONTINUED).

EXPLANATIONS of the curative process founded on the known phenomena of polarity are by no means uncommon in our homœopathic literature, and among those who have brought their learning and logical powers to bear upon the subject from this most dynamical point of view, we rather marvel to notice that George Schmid^a is one of the foremost. The very material notions of that worthy and learned gentleman with respect to the dose would have led us to expect anything rather than that his ideas of the curative process were so purely dynamical; but we see that in homœopathy as elsewhere extremes meet, and no doubt Dr. Schmid can in his own mind reconcile his grossly material doses with his hyperdynamical conceptions of disease. Dr. Schmid thus formulizes his theory of the curative process:—

“The disease and the medicine selected for its cure according to the principles of homœopathy, act like two powers of opposite polarity, or like two dissimilar poles which, when brought to act and react on each other, equalize each other in such a manner as that not only the opposition subsisting between them is removed, but also that they mutually extinguish one another.”

To me this and similar attempts to liken the processes of the human organism, and more especially the curative process effected by means of medicinal agents, to the phenomena of external nature, seem so overstrained and far-fetched that I cannot enter seriously upon a refutation of them. The analogy that can be traced betwixt the curative process and the phenomena of polarity is of the vaguest description, and all the learning that George Schmid brings to bear in defence of his theory can never hide its fundamental defects.*

* Hyg., v., x., xi.

* When we come to consider the question of homœopathic posology we shall

Another view of the subject, which has found an able defender in Mosthaff, in his work *On Homœopathy*,^b is that the cure of the disease according to homœopathic principles depends on the circumstance that though the symptoms of disease and remedy be similar there is a difference in the action of both, that is to say, that although the homœopathic remedy acts on the same organ, it produces in it a precisely opposite state to that caused by the disease; in other words, it acts antipathically, and if this be true the system might be termed specific-antipathic. In support of this proposition the following arguments are adduced:—

1. Substances, it is alleged, whose fundamental action on the organism are essentially different, frequently give rise to similar symptoms.

2. Diseases are not unfrequently cured by medicines which produce similar symptoms, but a fundamental state quite different from that of the disease, *e. g.*, syphilis by mercury.

3. Opposite conditions, such as anemia and plethora, present an array of symptoms in many respects very analogous.

Plausible as these arguments at first sight appear, they will not stand the test of strict investigation, for were we even to admit them with respect to certain cases, these must evidently prove the minority; for nothing is more certain than that from similar symptoms we may infer a similarity of pathological condition, and though some states, fundamentally different, do certainly offer many symptoms in common, yet they differ in the important, the peculiar, the essential, the characteristic symptoms. It is a mere truism to say that disease and homœopathic medicine differ in their action, though in no case does this difference amount to opposition, and the difference depends more on the essential difference betwixt the medicinal and morbid agents than the mode in which the organism is acted on. Thus mercury must

find that the laws of polarity have been employed by Dr. Altschul to determine the dose of the remedy, or rather to vindicate the infinitesimal doses of our therapeutics, with what success will be hereafter seen.

^b Ueber die Homœopathie.

produce *similar* affections in the *same* organs as syphilis to comply with the demands of the homœopathic law, and accordingly we find that it does similarly affect the mucous membrane, the skin, the glands, the periosteum, and the bones, and there is no truth whatsoever in the notion that it produces an opposite condition in these organs or parts. Again, anemia and plethora may present a few symptoms in common, just as pleurisy and scarlet fever present some symptoms in common, but these two latter diseases are not more divergent in their essential and characteristic phenomena than are the former. Such being the case, we must refuse to adopt the explanation offered by Mosthaff, which halts throughout and is unsound in its premises.

A similar notion of the antipathic action of homœopathic remedies seems to be entertained by the learned but mystical Dr. J. O. Müller of Vienna, if we may judge from the following passage in a paper by him on the homœopathic principle:—"It is undoubtedly true that the physical conceptions, cold and warm, moist and dry, lax and tight, and so forth, are to appearance, therefore in a sensual point of view, opposites, but they are not so in the idea, nor yet in their dynamic relation to organic life. This is markedly shown in their employment as curative agencies in pathical processes. Here there occurs no mutual extinction of the opposites, because abnormal life reacts in a direction the precisely opposite to its own physiological laws. *Hence the homœopathic principle of cure is, as far as regards the reaction of the diseased organism, not a law of similarity but of direct opposition.* As surely as health represents the diametrical opposite of disease, so surely does the internal factor in both react against the influence, according to the organic laws, in an opposite direction; and hence one and the same agency in opposite states of the health will display opposite actions." This is a pretty safe way of stating the process of cure, and can scarcely be said to commit its author to any explanation, as it is more a prolix way of expressing a fact than an enun-

ciation of a theory; for it is undoubtedly true that health and disease may be considered opposites, and that in disease the remedy acts in an opposite manner to what it does in health; for in the former case it produces the opposite of disease—health, whereas in the latter it produces health's opposite—disease. It may be questioned, however, whether this opposition is not merely the apparent or sensual opposition which Dr. Müller alludes to in the first part of the quotation. Be this, however, as it may, it is quite evident that we get no insight into the curative process from this passage in Dr. Müller's essay.

Of those who have sought to give a scientific basis to homœopathy none has laboured more diligently than Koch, and in many numbers of the *Hygea*, but especially in his volume *On Homœopathy*,^d he has brought all the acumen of a most philosophical mind to bear upon the subject, and in the system he has built up we are forced to acknowledge a completeness and a finish that we miss in many other works having the same object. In the work to which I allude, Koch does not confine himself to a mere disquisition on therapeutics, but he boldly attempts a complete reconstruction of physiology, pathology, and therapeutics, and I must confess that his book has all the attractiveness of a romance, but at the same time it bears the impress of much study, a thorough acquaintance with the modern sciences, great logical power, and a knowledge of those grand and startling philosophical doctrines which issue from the brains of Germans only. Of all these great qualities of Koch's work I would fain give you specimens, but I could not do so properly within the compass of a lecture, and as I have several more notions on the subject of the curative process to lay before you, I must confine myself to a short and mutilated statement of Koch's views upon this point alone.

Life and health, according to this author, consist in a continual attraction of the similar and rejection of the dissimilar. Disease is a dynamico-material operation,

^d Die Homöopathie, physiologisch, pathologisch und therapeutisch begründet, oder das Gesetz des Lebens im gesunden und kranken Zustande. Von A. W. Koch. Karlsruhe.

consisting in a formative faculty of an organ or system different from that originally assigned to it, produced by a new direction of the attraction of similar to similar. The mode of its production is this :—The morbid power or agent combines with the general or particular disposition to disease (*Krankheits-anlage*), whereby a new product engendered in the organism arises, whose vital action or vitality is different from that of the organism itself. The disease plays the part of something generated, which finds its nutriment in some organ or system, and is itself capable of generating in its turn. Dr. Koch's "general disposition to disease" is the general liability of every organism to become deranged; his "particular disposition" corresponds to what we term the *predisposing causes*, and includes those of a congenital and hereditary character and those produced by age, sex, constitution, *vaccination*, and *too large doses of medicine*. *Apropos* of these causes he makes a number of very useful practical observations, which it would be out of place to dwell upon here.

Koch's morbid agent (*potentia nocens*) combines with the disposition to disease (*Krankheits-anlage*), to which it is a similar, and from the union of the two the disease is generated. The symptoms are produced, on the one hand, by the struggle of this so-produced disease to assimilate the organic matter according to its own peculiar type, and on the other, by the effort of the organism to resist this assimilative faculty.

The cure, according to Koch, is effected by the organism putting itself in the position of a similar as regards the diseased organ or system, and thus depriving the abnormal direction of the vitality of its nutriment. Then Dr. Koch enters into a detail of all the possible ways in which cure of and preservation from disease can be effected, but I need only allude to two of them. The artificial preservation from disease is effected by presenting an artificial morbid cause to the disposition to disease existing in the organism, whereby an artificial medicinal disease is produced, which removes from the natural morbid cause the disposition (or susceptibility) to it, so that this natural cause finds nothing more in the

organism to enable it to form a disease. This is done in the following way: a medicinal power is introduced into the organism which has an attraction for the disposition to disease, as like to like, and this attraction must be stronger than that of the morbid cause for the same "disposition," but must at the same time be capable of developing a less important (artificial) disease. Examples: Jenner's *vaccination*, Hahnemann's *belladonna* against *scarlatina*, Ægidi's *veratrum* against *cholera*, Arnold's *sulphur* against *measles*.

In order to understand the homœopathic curative process, he considers the spontaneous curative process, that is, the process of natural cure in the case of diseases that run a normal course and whose products are ejected or thrown off by means of what are called regular crises, to be as follows:—By the course of the disease all the disposable susceptibility or disposition to the formation of the disease is brought into action, and after it is completely saturated or acted on, the formative process must stop, and its products, when not too heterogeneous, are assimilated and ejected, and thereupon the normal assimilative faculty is restored. In order to imitate this spontaneous curative process and thus promote the removal of the disease, all we have to do is to convert the disposable susceptibility into another artificial morbid process which runs a course not dangerous to the organism, and by its artificial consumption to render a spontaneous curative process possible. And this is effected by the homœopathic remedy, which, though it produces a milder disease, has yet a greater affinity for the disposition to disease in the organism.

From this explanation it will be observed that Koch's formula for the homœopathic cure is very similar to that of Hahnemann; if expressed in the aphoristic style of the latter it would stand thus: *the cure is effected by substituting an artificial disease for that present in the organism*. The difference is that Hahnemann says the medicinal disease is the stronger, whilst Koch states that it is the weaker, but the relatively greater power of the medicinal disease is owing to the medicinal power having a greater affinity or similarity to that part of the organism where is seated

the disposition to disease. Now, plausible and well argued as are Dr. Koch's theoretical views of the whole subject of life, health, disease and its cure, they are, I think, pervaded throughout by a fundamental error. And first we observe that, throughout, the word *similar* or *like* bears in Dr. Koch's vocabulary a very overstrained and out of the way meaning. In no sense that we usually or even unusually attach to the word can it be said that the ordinary vital operations consist in an attraction of the *similar*. Look at the act of nutrition; where is the similarity betwixt the potato, which will suffice for the nutriment of the body, and the different organs and parts of which it is composed? Again, in medicine, where is the similarity betwixt the *mercury* and the *liver*, the *skin*, the *bones* and the *mucous membranes* on which it acts? where the similarity betwixt the *aconite* and the *arterial system* and *serous membranes*? No doubt mercury has a special affinity for the one set of organs, aconite for the other, but the quality of similarity has nothing in the world to do with it. Dr. Koch has suffered himself to be led astray by a whimsical interpretation of a word, and upon the text of *similia similibus* he would preach a new gospel to all the sciences of organic and inorganic life. *Like to like* is the grand shibboleth of his new creed, the "open sesame" that shall roll back upon their hinges those ponderous doors of obscurity that have hitherto kept us out from right views of the science of life under all its forms.

It is a pity that so much learning and industry have been expended in pursuing a whim to the death; for if we can forget Dr. Koch's fixed idea, and translate his tortured expression of *like* into the various meanings it stands for in different parts of his work, we shall find much to admire and many excellent ideas and beautiful reflections on the phenomena of health and disease, illustrated by many valuable practical deductions. Apart from this fallacy, that pursues us everywhere throughout Koch's work, I must admit that his physiological and pathological views accord very much with what I deem to be the correct ones, and I only marvel that a man whom I consider so sound in his real views should have

so spoilt his enunciation of them by such a glaring misuse of words. There is also another feature that strikes us throughout the whole of Koch's theoretical explanation, and that is his tendency to substantialize or personify mere qualities of matter. Thus the susceptibility for disease, in place of being a state of being or quality of the organ or system, is something super-added to it; and in the same way, the morbid influence is a material substance that forms an alliance with the susceptibility, and by their union the disease (also something material) is produced. The same is the case with the medicinal action and the combination of this with the susceptibility—the resultant medicinal disease. He gravely talks about the assimilation or the ejection of the *causa proxima*. These modes of speech are certainly very inaccurate, and have a great tendency to give rise to erroneous notions. To consider these qualities of the organism in health and disease as something independent and self-subsistent is as though we were to do the same by the qualities of other substances; it is just as if we were to consider as self-existent and independent entities the qualities of hardness, elasticity, density, roundness, and opacity in an ivory ball.

But I think I have sufficiently shown that Koch's theory or explanation is untenable, but before dismissing him I may observe that the views he promulgates in the larger work from which I have quoted differ somewhat from those he expressed some years previously. His explanation used to be as nearly as possible as follows:—The susceptibility combined with the morbid influence and caused the disease, which in its turn formed a susceptibility for medicinal action, and these two latter in union formed the medicinal disease, which was easily expelled by the organism, and the harmony of the affected organ or system with the general organism, which had been interrupted by its presence, was restored by its ejection. The same objections which I have made to his later theory apply with double force to this his former one, so I need not enter into a detailed exposure of its fallacy.

I have already mentioned the points of similarity of

Koch's explanation to Hahnemann's, and also shown where they differ. I next come to consider an explanation which occupies a middle place betwixt these two. According to Widenmann* the homœopathic cure takes place in the following way :—to the substratum or maternal soil in which the disease unfolds its action another power is presented, which is more greedily attracted by the said soil than the first morbid agency, and thus the proximate cause of the disease present is dispossessed and its activity put a stop to. He shows that medicinal agents and poisons must be reckoned among morbid agents that in virtue of their peculiar quality do not require the presence of any peculiar disposition on the part of the organism in order to produce a disease, and he considers in particular homœopathic medicines as agents having an overpowering affinity to the substratum of the disease, because they, by the force of their noxious influence and without any particular special susceptibility on the part of the organism, are able to develop in the body a disease extremely like that which arises from the action of the morbid influence where the disposition for it exists. The arguments he uses to show the superior strength of the medicinal over the natural disease are not materially different from those of Hahnemann which I have formerly exposed, only they are more scientifically put and better expressed. He says, namely, that the homœopathic medicine is so far stronger than the natural disease, that it has by virtue of its *quality* a stronger affinity to the special disposition than the morbid cause, but as regards its *quantum* it must necessarily be weaker than the natural disease, else it would not go away of itself. In effect this is the same as Koch's notion, only differently and perhaps more happily expressed, but in other respects Widenmann falls into Koch's error of starting with the attraction of like to like as being the general law of the healthy and morbid life of the organism, for though by straining a point we may look upon the phenomena of

* Ueber das Wesen der Natur und die Homöopathie; also Hygiea, xviii., p. 467—476.

assimilation in the healthy organism as bearing out the supposed law, yet its absurdity is perfectly manifest when we apply it to the phenomena of disease; for what similarity is there between the contagions of scarlatina, measles and typhus, and the mucous membrane of the throat, respiratory organs, and small intestines, betwixt a chill and the morbidly affected pulmonary tissue, betwixt moist air and unwholesome food and the mesenteric glands? What resemblance has belladonna to the mucous membrane of the fauces, what digitalis to the motor nerves of the heart, cantharides to the kidneys, or secale cornutum to the uterus? The action of the homœopathic medicine upon the morbid process might with greater plausibility be considered an attraction of like to like, as the medicine is capable of exciting in the healthy organism a state similar to this process; but wherefore go out of the way to resort to a mere hypothesis of the attraction of the medicinal agent by the affected organ, when the greater affinity of the medicine to the affected organ has already been proved? Moreover, if we look narrowly at the subject, we shall perceive that there is not a shadow of a reason for alleging that the process of cure takes place here by virtue of this supposed law of the attraction of likes, for the medicinal power, as such, has no resemblance at all to the morbid process, and these are the two factors in the business. The medicinal agent resembles the natural morbific agent in this, that they both produce similar morbid processes, but neither of the two can be said to resemble the morbid process occasioned by the other. John is like Thomas in that both can make a watch, but neither John nor Thomas is the least like Thomas's or John's watch. Of course there is no question of the direct action of the medicinal on the morbific agent here, for the morbid process, *alias* the disease, is the *effect* of the action of the morbific agent, and not that agent itself. Thus in Widenmann's views we find the same confounding of states and qualities with concrete things as we notice in Koch's explanation. The main difference between the two is that in Koch's theory fictitious living beings were made to perform alternate actions, whereas in Widen-

mann's the whole process of cure is a mere act of chemical decomposition. The homœopathic medicine, according to him, represents the stronger acid that decomposes the salt—which stands for the disease—by virtue of its greater affinity to the base (the susceptibility to disease), and in its combination with the latter forms a salt more easily eliminable, and expels the weaker acid—the proximate cause of the disease. To this climax of overstrained analogies we may apply the remark of Widenmann himself on another occasion, as the Macedonian appealed from Philip drunk to Philip sober. "When," says Widenmann—sober, "we have to do with the laws of vitality we ought to stick to the vitality, and leave to natural philosophy to explain the relations of different departments of nature. The mere borrowing of the laws of one department to apply them to the elucidation of facts of another is of no use."

The doctrine of derivation or revulsion—that favourite idea of the allopathic school—furnished to Dr. Gerstel of Vienna the groundwork on which to erect a theory of the homœopathic curative process, which I shall proceed to examine. "The essence of the homœopathic method," says Dr. Gerstel, "lies in derivation." *Derivation*, as you all know, is the name applied to that practice in the old school where to cure a morbid process in one part or organ another morbid process is set up artificially in another part or organ. This practice, the utility of which has been attested by a multiplied experience, constitutes a major part, and what has hitherto been held to be the most unexceptionably rational part, of the so-called rational method of treatment. The act of derivation, as it is called, has been variously explained, but the favourite idea is that the irritation set up artificially in the sound organ, by some unexplained power of attraction, derivates or determines the morbid process that was before going on, probably in a vital organ, to that less important organ which has been selected by the physician for the production of his artificial disease. And such is the idea Dr. Gerstel attaches to the term. He accepts the explanation as a fact, and does not trouble himself to make further inquiries into its rationality.

This derivation being then the right way to cure disease, we should, says friend Gerstel, "endeavour to apply the derivative irritation in the interior of the organism as near as possible to the actual seat of the disease, *i. e.*, to develop it as near as possible to the substratum of the morbid process itself, which can only be done by means of a medicine capable of producing a morbid state very similar to that we wish to remove."

In order to support this theory, he contends "that no part of an organ, unless dead, can be diseased in its totality, and that therefore it must always present a substratum for other kinds of action," for it is evident that derivation can only occur from one place to another. In this homœopathic derivation the still healthy part of the diseased organ, whither the derivation can be effected, is represented as not only close to the diseased part, but so close that it may occupy a portion of the same ultimate cell, the same microscopic fibre. But why should I follow the author further into his transcendental speculations, when it must be apparent to you all that this co-existent morbid and sound state of the same cell, of the same fibre, is utterly unsusceptible of proof and entirely devoid of probability, besides being in direct contradiction to all rational deductions from known facts? Moreover, the very doctrine of derivation, upon which the whole explanation is grounded, is false and untenable. The phenomena that go by this name are not in reality proofs of a derivative action at all. If a blister applied in pleurisy effected a cure by derivation, should we not expect to see some result from its application different from what would occur from the same blister applied to a person in health? At the very least we should expect to see a much greater amount of inflammatory action ensue. But what are the facts? The character of the inflammation in both cases is identical, and the effect produced is usually smaller in the case of the pleurisy, instead of being greater. We need not therefore pursue Dr. Gerstel's speculations further. In order to reconcile his theory with the current notions about derivation, he has to suppose such a number of improbabilities, and the doctrine of derivation itself is at the best so un-

ported by facts, that there is no use taxing our credulity to believe the former for the unworthy sake of the latter. *Le jeu ne vaut pas la chandelle.*

Founded also on the phenomena of derivation or metastasis is the theory of cure proposed by Dr. Schneider at the Homœopathic Congress held in 1852 at Frankfort.¹ He starts with the assertion that disease is the manifestation of the action of a morbid agent: *a*, in peripheral parts of the nervous system; this constitutes external disease, whose tendency is the removal of the morbid agent out of the organism, in other words, a cure; *b*, in central parts of the nervous system; internal disease, which is as such incurable.

In order, he says, that the internal disease may be cured, it must be transformed into the external disease, whose natural tendency is to a cure. All internal diseases, according to Dr. Schneider, are cured by being transferred to the periphery. This must happen either naturally or by the assistance of the medical art.

The morbid agent, which we shall suppose to have attacked the central parts of the nervous system and thus to have created an internal disease, besides having an attachment for those central parts, has also an affinity for certain peripheral parts, and should its affinity for the latter be strong enough, it is transferred to them and a cure effected by its expulsion.

If, however, the affinity for the peripheral parts be not strong enough, art must step in to its aid. We are to select an artificial morbid agent (a medicine) which has affinities with the same central and peripheral parts of the nervous system as the natural morbid agent. When we administer this medicine to the patient, it cannot act upon the central parts of the nervous system for which it has an affinity, for these are already possessed by the disease; accordingly it must act upon the peripheral parts for which it has an affinity, and it causes there an irritation, and as these are the same peripheral parts for which the natural disease has also an affinity, and to which it must transfer itself in order to

¹ His paper will be found in the *Allg. Hom. Ztg.*, xliv., No. 8.

become an external and therefore curable disease, the natural disease is excited thereby to transfer itself from the central to the peripheral parts, and thus to terminate in cure.

I need not waste much time in showing the improbability of this theory of the curative process. It is founded on several perfectly gratuitous and untenable assumptions, all of which would have to be proved before the theory itself could become a plausible one. Thus no proof is offered that internal diseases are incurable as such. No proof is offered that internal diseases must be transformed into external or peripheral diseases before being cured. No proof is offered that the homœopathic agent acts not upon the seat of the disease but upon the peripheric nerves with which the morbid agent has an affinity. No proof is offered that the irritation of these peripheric nerves could determine the disease from the central nerves to them; and finally, no proof is offered that there is a morbid agent to be expelled. In fact, the whole theory of Dr. Schneider involves so many assumptions of a more than doubtful probability, that we cannot attach any value to it.

Dr. Trinks,^s who is so favourably known to homœopathic students for his practical skill, does not, methinks, add much to his reputation by his explanation of the curative process, which runs as follows:—

“The disease is an *entity* which manifests its presence in the organism by its peculiar phenomena, its pathognomonic symptoms. From these its pathognomonic symptoms we are made acquainted with its seat and its character, but by no means with its essential nature. The symptoms accordingly guide us to a knowledge of its seat and its peculiar character. *Therefore*, in order to cure any disease, the physician must choose a remedy that not only acts directly but also exercises a very similar action upon the diseased system or organ as displayed by the character of the disease to be cured. The similarity must hold good not only *quoad locum* but also in respect of the *character* of the disease to be

cured. The action of the medicinal agent indicated *must* moreover develop a great or at least a *greater intensity* in order that it should cure the disease, for two powers can only annihilate or neutralize one another completely if they are unequal with respect to the intensity of their action. Hence the medicinal agent must be stronger in its action than the force of the natural disease to be cured; otherwise the struggle would be unequal, and the intensity of the disease would not be broken and annihilated. The homœopathic medicine, then, acts not only directly upon the suffering organ but also simultaneously directly upon the *disease* to be cured, to which it stands in a direct relation by reason of the similarity of its effects. This (specific) medicinal agent, so similar in its effects to the natural disease to be cured, by its stronger direct action annihilates the weaker natural disease; it is, as it were, the antidote of the disease, and by its influence poisons and kills the life of the disease, something in the manner in which an acid is neutralized by an alkali and loses its corrosive and destructive power. The very great similarity of the effects of the disease and the medicine shows us their mutual affinity—in their effects upon one another they stand opposed as mutually destructive—the necessarily stronger medicinal power destroys the natural disease which resembles it, just as two poisons which resemble one another in their effects remove and annihilate one another in the organism dynamically and chemically, or as two chemically allied substances neutralize one another.”

This explanation—by which nothing is explained—is, if examined carefully, a mere echo of what Hahnemann said, only more dogmatically put. It contains so many purely hypothetical statements, and the analogy betwixt the chemical neutralization and the curative process is so totally destitute of *vraisemblance*, that we must pronounce Dr. Trinks’s to be one of the most unsuccessful attempts to explain the curative process we have yet met with. By *disease* Dr. Trinks evidently means, in the first part of his explanation, the *proximate cause* of the disease, but the personality with which he afterwards invests it precludes the idea that such is the meaning

he attaches to it throughout, for when he talks of the effect of the medicine upon it, it is evidently something foreign introduced into the organism; in other words, it implies the *exciting cause* of the disease. Such is evidently the meaning attached to the word when he says that the medicine acts "not only on the suffering organ but *also on the disease*." Again, I must respectfully dissent from his maxim that two powers can only annihilate one another completely if they are *unequal* in respect of intensity, for it is well known that in order that they may annihilate one another they must be *equal* in point of intensity. Thus in order to produce rest or annihilation of motion, the intensity of the motive power we bring against a moving body must be exactly the same as exists in the latter, and so forth. Then Dr. Trinks seems to forget that by his illustration of the neutralization of the acid by the alkali (which we humbly take to be an example of *contraria contrariis* rather than *similia similibus*) there is a resultant neutral salt which has to be accounted for. Dr. Trinks's explanation, if critically examined, amounts to this:—The homœopathic medicine cures the disease because it acts on the same parts as the disease and because it is stronger than the disease; and it cures it in such a way that it expires in the act of so doing. For Dr. Trinks, the disease and the medicine strongly resemble the two cats of Kilkenny, which attacked each other so virulently that not a vestige of them remained after the conflict. Dr. Trinks's explanation bears a great resemblance to the bag in which those celebrated animals were confined, as it effectually prevents us seeing how the exterminating process is carried on.

Dr. Mayrhofer^a is among those who consider the homœopathic cure to be owing to the homœopathic medicine blunting the receptivity of the organism for the morbid irritation, and the power of the medicine to do this is based upon a maxim of Liebig's, to wit:—"Greater affinity removes the action of the lesser, and greater affinity is in all cases an equivalent for quantity." This explanation implies a direct struggle of the medicinal

^a Hyg., xviii. 134.

and morbid irritations; but as we know that the morbid irritation may be most transient while the disease it causes is enduring, and as we further know that as long as the morbid cause or irritation that occasions the disease is at work, it is vain to expect a cure from our agents—therefore we cannot logically admit this to be a satisfactory explanation of the curative process.

Griesselich¹ holds to the opinion that the homœopathic remedy attaches itself to the disposition (susceptibility, *anlage*), and in the case of prophylaxis occupies this so as to exclude the entrance of the morbid influence, but when the latter has combined with the susceptibility and thus formed the disease, the homœopathic remedy, by virtue of its greater affinity for the disposition (not its greater strength), withdraws the latter from the influence of the morbid cause, thereby putting a stop to its further advance and allowing the vital functions to return to their ancient course; and what has been destroyed by the disease is thrown off, and thus crises are formed. From a man of Griesselich's acknowledged critical acumen and experience I must confess I expected a more lucid explanation of the curative process. How the medicinal agent or influence occupies or withdraws from the disease the disposition he does not explain; but if it be by producing in it a medicinal disease and so destroying it, like the blowing-up of houses in a city to prevent the spread of a conflagration, we should expect to see in every instance of homœopathic cure a violent though short exacerbation, which Griesselich himself admits is not requisite for the cure; or if it be by protecting the susceptibility as, to pursue the conflagration analogy, the fire would be checked by wetting the inflammable materials, we should then expect that the disposition for the disease would soon be as strong as ever, whereas the contrary is the case; and we know that after the homœopathic cure the tendency to be similarly affected is usually much less than had the disease been left to itself, or been treated by other than homœopathic remedies. Griesselich's explanation, it must be con-

¹ Handbuch zur Kenntniss, etc., p. 47.

fessed, is purely speculative, and has no foundation in any known facts and no analogies in other processes in nature.

Trousseau and Pidoux, the famous allopathic writers, in their late work on therapeutics, admit the homœopathic principle as a method of cure, and call it the "substitutive method," imagining that when we give medicines according to this law we set up a medicinal in place of the natural disease, and thus expel the latter. *How* this is effected they do not pretend to tell us, nor do they make it clear how the substitution of the medicinal disease is to effect a cure. The most interesting part of their observations upon homœopathy is that they admit it as a method of cure, which title is scornfully denied to it by a host of medical authors who are as far behind MM. Trousseau and Pidoux in science as they excel them in illiberality.

One of the latest writers on homœopathy, Dr. Hirschel, has, in his work on the homœopathic system,^j entered at some length on a consideration of the homœopathic curative process. So long ago as 1841, before he was thoroughly convinced of the truth of homœopathy, he wrote some critical letters upon it (*Hacker's Medic. Argos*, iii. 2, 186), in one of which he offers the following explanation:—"The correspondence of the symptoms of the medicine with the disease, and the cure thence resulting, may perhaps be explained by identical excitation of the vitality, which at one time *cures* by stimulation, at another induces disease by the same." This does not certainly explain much, nor is he content with this attempt in his recent work. He there says: "In spite of the *simile* being always required [in the selection of the drug], the physiological processes themselves by which the cure is actually performed may be of very various kinds." Thus he says that the cure may be supposed to be effected—1. By the removal of the cause of the disease; for example, the proximate cause of the catarrhal and rheumatic morbid processes is the suppressed cutaneous function. If by means of aconite we

^j Die Homöopathie, p. 70, et seq.

succeed in restoring this suppressed function, inducing diaphoresis, we cut short the catarrh or the rheumatism; 2, by the solution of a retained morbid product; example—hepar sulphuris promotes the formation and consequently hastens the departure of abscesses; 3, by the artificial production of excessive performance of certain functions; example—aconite and ipecacuanha produce diaphoresis in diseases the result of a chill, nux and ipecacuanha promote vomiting in gastric affections, the cause of which is an overloaded stomach, etc.; 4, by the artificial production of states the opposite of the morbid affection. The examples of this are, however, quite hypothetical.

In all these pretended explanations it is impossible not to perceive that effect and cause are confounded, or rather the effect merely is described, but the process by which this effect is produced is not explained, consequently Dr. Hirschel does not assist us much in obtaining a plausible explanation of the curative process; and he seems to have been mainly influenced by a desire to assimilate the homœopathic curative action to the various methods of cure described by the allopathist Wunderlich, who, in his *Manual of Pathology and Therapeutics*, says (p. 76) that the cure may be effected—1, by the destruction of the morbid cause that is in the system; 2, by the artificial promotion of certain functions in excess; 3, by the artificial depression of the whole organism by diminishing its quantity of blood, or by the enforcement of rest; 4, by the artificial increase and quicker development of the local morbid process; 5, by the forcible suppression of the local morbid process; 6, by the artificial production of states the opposite of the morbid ones; 7, by specific-empirical neutralization; 8, by the artificial production of changes in a part previously healthy, whereby the diseased part is acted on sympathetically or antagonistically. But this, it must be seen at once, is a mere list of the supposed means of cure, and not an explanation of the curative process.

My sketch of the various theories that have been broached in order to explain the homœopathic curative

process would be incomplete were I to omit mentioning another one that has been promulgated by Dr. Curie, and has been adopted by a lay disciple of his, who is distinguished as one of the most successful popular exponents of homœopathy. By this theory the morbid state or symptoms are supposed to be the signs of the organism acting against a morbid cause—struggles of the organism to expel this morbid cause—curative efforts of nature—the voice by which the vital power gives utterance to its conflict with the morbid cause; and to this voice the physician must listen, and he must endeavour to assist the struggles he witnesses, which we are told he can best do by giving a medicine that is capable of producing similar symptoms—exciting similar struggles—and by so doing he will enable the organism to free itself from its dire enemy and come off triumphantly the conqueror.* Now this attempt at an explanation seems to me to imply a marvellous confusion of ideas, and to involve as many fallacies as there are steps in the supposed process. It is evident that the symptoms of the disease cannot be the struggles of the organism against a morbid cause, for in nine cases out of ten the morbid cause that created the disease has long ceased to exist, while the morbid symptoms are going on in their full violence. I need only refer to such morbid causes as a chill, a burn, a mental emotion, etc., and yet all these and many other causes equally transient may light up a disease that goes steadily on increasing and only terminates with death, and the most ardent admirer of this theory will not surely contend there is anything curative in that, or that the physician would be doing his duty by assisting the organism to adopt that method of getting rid of the morbid cause. But admitting for the sake of argument that the morbid symptoms were really the expression of the effort of the organism to overcome the morbid cause, and that it was

* In order to show that I state fairly the author's theory, I subjoin his exact words:—"If then," he says, "the morbid state be only a revolt of the vital or moving principle, exciting the organism to act more strongly against a morbid cause, can the physician do better than listen with attention to the vital power expressing itself by the voice of the symptoms, and send it an aid, which, acting in co-operation with it, strengthens it and prevents it being exhausted by efforts—*—*hasten its decay?"—*Jahr's Manual*, 2nd edit., preface by Dr. Curie,

desirable to assist this effort, how could we be doing so by giving a medicine whose inherent property is to act in the same sense as the morbid cause? By so doing, we should only give the organism more to do, we should only be rendering its labours more severe, and we should only be hastening the catastrophe I have just alluded to.

I ought not to omit allusion to another theory of medicinal action, proposed by an anonymous writer in the ninth volume of the *British Journal of Homœopathy*. The author regards disease as a derangement or inversion of the normal vitalloidal current in the diseased part, and says that, in order to restore to the normal direction the inverted current, all we have to do is to present to it a substance whose currents are also inverted, whereupon the normal direction will be restored. The homœopathic medicinal agent must, from the circumstance of its producing effects similar to those of the natural morbid agent, have similar poles, and therefore it effects the cure on the principles just mentioned. You will agree with me in thinking it rather premature to offer an explanation of the mode of action of remedial agents on the supposed laws that regulate a force, the existence of which is by no means satisfactorily proved, and even if it were, our author offers no proof, but only far-fetched conjecture, that the cure of diseases by medicine has anything to do with odyle.

I have thus presented to you a brief sketch of the most prominent explanations that have been offered of the mode of action of the homœopathic remedy when employed to combat disease, and I think I have shown that none of them are satisfactory. Since I have objected to all, you will doubtless expect that I should offer something in their stead that will be free from the objections that I have brought against the others; that, in fact, I should not content myself with being destructive of the theories of others, but should display some constructive tendencies. I shall therefore, before concluding the present lecture, offer to your consideration what I believe to be a plausible explanation of the curative process. I am fully aware of the difficulties of my task, but while I feel

the truth, I would wish to avoid the reproach contained in the poet's lines—

Leichter ist, als selber dichten
Hämisch über And're richten.

'Tis easier far, let critics know it,
To cut up, than to be, a poet.

Accordingly, having freely criticised the opinions of my predecessors, I do not hesitate to take my turn on the oracular tripod, and to submit my theoretical views to the judgment of my colleagues; for I am not of opinion, as some are,¹ that Hahnemann was in error in attempting an explanation of the curative process, but only that his explanation was erroneous, and I believe that a successful theory of the process of cure, in accordance with known pathological facts, would be of great advantage to the progress of homœopathy among the profession. The public of course care nothing about theory, but look only to results.

Any explanation of the curative process to have the colour of probability must apply to the cure of diseases effected not merely by the homœopathic but by other remedial agents. In a former lecture I stated my belief that the morbid state, and particularly inflammation as the representative type of disease, consists not in increased but in diminished vital action; that this condition was brought about by the over-stimulation or irritation of a specific morbid stimulus, which over-stimulation caused at first increased action, and was followed by diminished action in the capillaries, giving rise to those phenomena which we term the symptoms of inflammation. The removal of this state of diminished vital action is conceivable in three ways: 1, the constant supply of the normal stimuli may gradually effect a return to normal action in the affected part; 2, those stimuli, when insufficient, may be strengthened by sundry hygienic processes, and thereby succeed in restoring healthy action; or, 3, an extraneous irritation may be supplied to the diseased part, which will stimulate the diseased part to increased and healthy action, wherein the normal or natural stimuli will now suffice to retain it. This extra-

¹ Among these, I see, is the most popular of our homœopathic tractarians, Dr. Sharp of Rugby, in his recent tract, "The Difficulties of Homœopathy."

neous irritation may be supplied either (a) *indirectly*, or (b) *directly*. The indirect action is illustrated by the processes so much employed in the old school, and termed derivation, revulsion, and counter-irritation.

To give an example of this. A blister applied to the healthy skin will sometimes cure a pleurisy. In this case the irritation of the blister is transmitted by sympathy to the inflamed organ, the capillaries are excited to increased action, to contraction in fact, and the morbid phenomena gradually cease. By those who employ, in their literal signification, the terms derivation and counter-irritation to explain this process, the application of the blister is supposed to act by determining the morbid process to the blistered part in the former case, by withdrawing the irritation in the affected part in the latter. That the derivative or revulsive theory is erroneous is shown by this, that the same blister applied to the surface of a healthy individual would produce not less but rather more effect in him than in one in whom inflammation exists, which could not be the case if the theory were correct; and as for the counter-irritation theory, besides the latter objection, to which it is equally open, we know that disease consists not in an excess but in a deficiency of irritation.

Under the head of cures by indirect irritation may be included all those cures which are effected by the application of a medicinal irritant to any part of the body other than that diseased, such as emetics, purgatives, diuretics, errhines, sialagogues, diaphoretics, for the cure of diseases not seated in the stomach, the intestines, the kidneys, the nose, the salivary glands, the skin. Let us take one other case. A so-called "determination of blood" to the head, with symptoms of threatened effusion on the brain, is removed by the employment of a mustard foot-bath. In this case there is vulgarly supposed to be a rush of blood to the head, which the physician sagaciously turns into a rush of blood to the feet. But this determination of blood (so-called) does not take place by virtue of any special propulsion of blood that way, and the increased secretion is not occasioned by such increased flow of blood, for in the natural state every organ receives more than a hundred times the quantity of blood it em-

ploy in secreting; this determination is owing to the dilated state of the capillaries consequent on previous over-irritation causing excessive contraction (of which, as formerly shown, excessive dilatation is the necessary result), and the effect of the highly stimulant foot-bath is to excite an irritation which is propagated by sympathy to the brain, and which causes the capillaries to again contract to their normal degree, from which they will not depart until some fresh irritation occurs to make them do so. Were the *rush-of-blood* theory correct, might we not naturally expect that the moment the effect of the mustard-bath was gone, the blood would incontinently rush again to the head?

But the method of cure by indirect irritation is necessarily very uncertain, and though it succeeds undoubtedly in a few cases, it unfortunately much oftener fails. The reason of this is that the property of sympathy on which we mainly rely in this method is very uncertain; and further, that the irritation we artificially excite may not be of the proper kind, for all kinds of irritation will not answer equally well. Thus, though the irritation caused by a sinapism may be perfectly adapted to the cure of some kinds of cynanche, it will not cure all, and it would probably have no effect upon the inflamed hip-joint; whereas we know that that caused by the actual cautery is frequently of great service in the latter disease: but our knowledge of the proper irritants to use for inflammations of different organs and parts is far from great, and no guiding principle has yet been discovered to assist us in this matter. The homœopathic principle must be observed in order that the treatment by counter-irritants should be successful, for unless there is some harmony between the kind of irritation developed artificially and that existing naturally no good effect is observable. There is, however, always this grand objection to the treatment by counter-irritation, that we are unable in most cases to determine *a priori* whether the artificial irritation producible by an irritant is or is not homœopathic to the disease we wish to cure.

It is otherwise with the method of treatment by *direct irritation*. To practise this method we must apply our

irritant to the diseased structure or tissue of the affected organ or part. Where the disease is external and accessible, its seat patent and visible, this may be done by touching the diseased part with the irritant, as we see practised in the treatment of cynanche tonsillaris, gonorrhœa, ophthalmia, by irritating gargles, injections, collyria: but unfortunately this is a method which is not so certain in its results as we might at first anticipate; for independently of the irritants commonly used not being always capable of causing an irritation similar to that which produced the disease, those affections I have just mentioned are by no means always mere local diseases, but have often their roots in the system, which of course are not touched by the local application, and the disease is consequently not cured in its entirety. One of the best illustrations of this treatment I can offer you is the cure of bruises by arnica applied locally. Here we have a medicine that acts, so to speak, in the same sense as the morbid cause, and a malady purely local, the two conditions under which this treatment can be favourably exercised, and accordingly our success is in general triumphant. But instances such as this are the exception not the rule, and we must set about the discovery of direct irritants for those diseases whose seat and whose nature are hidden from us, and which we can know only by the symptoms they present to us. Now, if two individuals present themselves to our observation labouring under the same symptoms, *i. e.*, complaining of the same kind of pains, in the same situation, and presenting the same objective morbid signs, the same derangements of the same functions, and the same moral conditions, it is perfectly logical to infer that these two individuals are similarly diseased in the same organ, system, or structure, and this we should be warranted in concluding even if we should discover that the agencies that produced these states in the two individuals respectively were widely different. We would conclude that there must be a strong analogy, relationship, and harmony betwixt the two agencies to produce such very similar effects; nor should we alter our opinion on this subject, even though the morbid states produced by the two agencies should differ

considerably in intensity and duration; we should still be justified in stating that they acted on the same parts similarly, though not identically.

Now, we know that those substances we term poisons and drugs have the power of so deranging the healthy human organism as to induce morbid states very similar to those produced by natural morbid causes. Therefore, in order to ascertain what morbid states similar to those brought about by natural causes are producible by each medicine, all we have to do is to test the action of each on the healthy human body in such a way as to bring out all the morbid conditions it is capable of exciting; and having made a careful register of these, we shall have accumulated a series of medicinal morbid pictures as the result of the action of drugs; and should any natural disease present the same series of symptoms as those offered by one of these medicinal morbid pictures, we may conclude that the medicine and natural morbid cause are analogous, harmonious, and act similarly on the same parts, structures, or organs.

Now, to the production of morbid action I have stated that the morbid agency acts by inducing over-irritation of the part on which it acts, causing increased vital action, which is followed at a greater or less distance of time by diminished vital action, which gives rise to those phenomena we call disease. The morbid agents, then natural and medicinal, are both primarily irritant, and cause increased vital action. When a case of disease presents itself to us, we have before us an instance of diminished vital action, in order to remedy which, by the method under consideration, we must apply an irritant capable of stimulating the diseased part up to the healthy level. Now, the medicine that will cause the same morbid symptoms as the disease in question must in its primary action be an irritant that acts on the same part or parts as those diseased, and obviously this medicine will be the remedial agent for this disease, if we can so regulate its power as to cause it to do no more than stimulate the diseased part up to the normal level, when of course the disease will be extinguished and healthy action restored. *A priori* reasoning will throw

little light on this subject beyond leading us to infer that the quantity of the medicine requisite for this purpose must be less than what is required to produce the over-irritation necessary to cause morbid action in the healthy; but if, in addition to this, we reflect on the fact that the susceptibility of a diseased part for its specific irritant is much greater than that part in health,^m we shall be satisfied that the quantity required must be much less. However, it is to experience we must appeal for the final verdict in the matter of the dose of the medicine; and experience teaches us that it should be much less than we might have expected, even taking the two foregoing considerations into account.

If this attempt to explain the curative action of medicinal agents be the correct one, it will be obvious that, with respect to that method which I have termed direct irritation, or the medication by specific or homœopathic medicinal agents, whilst the law *similia similibus*, or, as Hahnemann expresses it, "to effect a mild, rapid, certain, and permanent cure, choose, in every case of disease, a medicine which can itself produce an affection similar to that sought to be cured"—whilst this, I say, expresses only the rule for the selection of the remedy, the actual curative process is rather *contraria contrariis*, for the impression we effect with our remedial agent is the opposite of the existing condition of the diseased part. This is the view taken by Dr. John Fletcher of the subject, and I cannot do better than read a portion of what he says regarding homœopathy, as it is an evidence of his philosophical spirit, enlarged views, and unprejudiced judgment, such as we look for in vain among the other writers of the old school in this country who have touched upon homœopathy.

"Hahnemann's general notion (although he has obviously at times a glimmering of the truth, which is not

^m For some excellent remarks on the subject of the increased susceptibility in disease, I must refer the reader to Hahnemann's "Lesser Writings," pp. 445, 528. It is curious to note that at a subsequent period Hahnemann seems almost to discard the notion of an increased susceptibility in disease, and in a paper published in 1827 expressly to account for the action of small doses (Op. cit., p. 817), he attributes their effects solely to the wonderful increase of power they obtain by means of the processes of trituration and succussion to which they are subjected, and he does not once allude to any increased susceptibility in disease.

easily reconcilable with this notion) is, that such substances [homœopathic remedies] operate in producing a stronger impression, and thus superseding the weaker; but this is nothing more than the old *σφοδρωτερος* axiom of Hippocrates. It is not in this way that homœopathic remedies operate, but by stimulating to increased action the seat of disease. With respect to diarrhœa, piles, gonorrhœa, and catarrh of the bladder, diaphoresis, intermittent fever, laryngitis, iritis, ptyalism, and burns, the essence of all is inflammation; and how readily the same substance which at one time may produce at another time may cure it, will easily be perceived. It is unnecessary to speak of the action in producing and curing the same diseases of those substances which act *directly*; but let us take, as somewhat less obvious, that of some indirect agent in the same way, as that of mercury, one of the most generally admitted among the above-mentioned examples, in at one time producing and at another curing iritis. In the healthy state of the capillary vessels of the iris their calibre is natural, because the stimuli acting on their irritability are neither deficient nor excessive; but the irritation produced in certain parts of the body by mercury is a new stimulus, specifically adapted to the irritability of those vessels (in common with those of many other organs), so that, conveyed to these by sympathy, it excites there a secondary inordinate irritation or contraction, followed sooner or later by a proportionate collapse, in which the inflammation consists. Now, what substance should we, *a priori*, conceive would be best adapted to bring up the vessels to their ordinary degree of contraction, and thus to discuss the inflammation? Any revulsive remedy (as we cannot get at the part directly) may be presumed capable of doing this to a greater or less degree; but, unquestionably, that will be most efficacious which has already evinced a specific power of exciting in one part such an irritation, as, conveyed by sympathy to the vessels of the iris, could excite them to inflammation, and which, as it produced, while they were healthy, a preternaturally increased action, followed of course by collapse, will, now that they are acting below par, bring this action to the healthy

standard, from which they will have no tendency afterwards to recede. Hahnemann is quite aware of this two-fold action of medicines, and it is to ensure their primary, without fear of their secondary action, that he inculcates the expediency of giving them in inconceivably small doses. But it is absurd to say, as he at the same time does, that medicines in such doses operate by producing a stronger impression than that produced by the disease. They cure it, not by the *stronger* but by the *opposite* impression which they make; so that homœopathic medicines, after all, operate on the antipathic principle. If we choose to represent the ordinary irritation of the vessels of the iris by a line, say an inch high, it is easy to conceive certain substances capable of raising it to an inch and a half; but this height, as it cannot be maintained, after a time is reduced spontaneously through double the space that it has been raised, *i. e.*, falls as much below an inch as it had been before raised above it, or to half an inch; and what are the substances now called on to effect, but what they effected at first, namely, to raise the line of action half an inch, the result of which is now health, as it was before disease? We must remember that it is in the secondary or depressing effects of exciting causes in general that inflammatory diseases, at the time we are called upon to treat them, consist; and there is surely nothing absurd, but, on the contrary, everything reasonable, in the presumption that the same exciting causes applied in such a manner or at such a time as to ensure their primary or exciting effects, will act as the best remedies of those diseases which, under other circumstances, they may have occasioned.”^a

I was much gratified to observe in an essay by Dr. Clotar Müller of Leipzig,^o that he takes a very similar view of the curative process to that I have just given. He takes the inflammatory process as his theme of illustration, and after showing that inflammation consists in a kind of partial paralysis of the nerves of the capillaries, he asserts that the medicine cures by the stimulation it applies to these paralysed nerves, by virtue of its

^a Fletcher's Pathology, pp. 489-91.

^o Allg. Hom. Ztg., xxix. 49.

primary action; that its action, in fact, is the opposite of the actual condition of the diseased part; and that the principle *similia similibus* is merely our guide to the selection of a remedy, but that it by no means expresses the part that remedy performs in relation to the disease. *Apropos* of this explanation, I may mention a remark of J. Hunter's, which is strikingly corroborative of these views. "If," says he, "we had medicines which were endowed with the power of making the capillary vessels contract, such, I apprehend, would be the proper medicines in inflammation;" and such, undoubtedly, are our homœopathic remedies in their primary action.

In the explanation I have offered of the curative process, I have considered only the simplest form of disease curable by a single medicine; but the complex nature of the organism and the multifarious varieties of morbid causes may give rise to complicated forms of disease, which may not be remediable by one medicinal agent, but which may require to be dislodged from the system, bit by bit as it were, by a long-continued succession of remedies.

One great advantage of this explanation is, that it reconciles the homœopathic or specific curative process with the other acknowledged methods of cure, and does not, like the other explanations that have been proposed, make the homœopathic an exceptional curative process. As long as the homœopathic method was so regarded it would tend, on the one hand, to make it rejected and denied by the partisans of the other methods, who, satisfied of the curative power of the treatment they adopted, could not bear to be told that medicines acted on quite another principle than the action of their favourite methods could be referred to; and, on the other hand, it would lead the homœopathist, who was experimentally convinced of the efficacy of his system, to imagine that by no other method than his own were diseases curable, and to reject scornfully all the methods of the Hippocratic school as necessarily false, because they did not chime in with his own notions of the curative action of drugs. It would be no small gain to homœopathy and to medical science to show that the recognised methods of cure and the homœo-

pathic may be reconciled, if we go deep enough and take a more philosophical view of the vital actions than has hitherto been done by the partisans of either method; if we look thoroughly into the actual operations of the organism, and do not allow ourselves to mistake words for ideas, or to accept error, however ancient and time-honoured, for truth. What I more particularly allude to as obstructing our path to a clear view of the subject are the doctrines of metastasis, counter-irritation, and revulsion on the one hand, and on the other, the still more ancient and groundless notion respecting the stronger disease overcoming the weaker, which is not a whit more respectable, though it dates from Hippocrates himself,^p and has been received as an axiomatic truth for nearly twenty-five centuries. A more careful and accurate research, assisted by the lights of modern physiology, would serve to show the inaccuracy of these views, and make an opening for the reception of the truths that are to be found on both sides, and in the end lead to the general acceptance of that method of treatment which offers the mildest, safest, and most certain, because most direct, mode of curing diseases. Where great prejudices prevail, there we may expect that error exists, and to both schools I would address the words of Locke:—

“Those who have not thoroughly examined to the bottom all their own tenets must confess they are unfit to prescribe to others; and are unreasonable in imposing that as truth on other men’s belief which they themselves have not searched into, nor weighed the arguments of probability on which they should receive or reject it.”^q

^p Aph. § ii. 46. Δυσὶ ποτὶν ἅμα γιγνομένων μὴ κατὰ τὸν αὐτὸν ποτὸν, ὁ σφοδρωτερός ἁμαυροῖ τὸν ἕτερον.

^q Essay on the Human Understanding.

LECTURE V.

THE HOMŒOPATHIC AGGRAVATION.

INTIMATELY connected with Hahnemann's theory of the mode of action of the homœopathic medicine is his doctrine of the homœopathic aggravation, as it is termed, a doctrine that has been very much misunderstood by many of his followers, by whom it has been misstated, and often represented as a terrific bugbear, frightening the timid practitioner and the credulous patient with imaginary dangers and disasters.

This homœopathic aggravation has played such a great part in the drama of the new medical reform, that it would be unpardonable in me to pass it over cursorily; and I feel it incumbent on me to enter into a thorough examination of the whole subject, whereby we shall see whether, like other phantoms, it does not lose all its terrors when thoroughly examined and exposed to the light.

The first hint we meet with in Hahnemann's works respecting anything of the kind is in his first *Essay on a New Principle*.^r

"If," says he, "in a case of chronic disease a medicine be given, whose primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body sought to be brought about; but sometimes (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days. Thus a somewhat too large dose of henbane is apt to cause, in its secondary action, great fearfulness," etc.

This, however, it will be observed, does not correspond to his later notions respecting the homœopathic aggravation, as we shall presently see, but is merely as though he had said 'when the dose is too strong the remedial agent produces some derangement of the system, over and

^r Lesser Writings, p. 313.

above its effect upon the disease,' which, of course, is sufficiently plain and obvious.

In the next page of the essay I have just quoted from he gives the first instance of the actual occurrence of an aggravation. The case was that of a pregnant woman who, in order to cure cramp in her leg, took five drops of the volatile oil of chamomile, whereby the cramp was vastly increased, and a number of other symptoms peculiar to the drug occurred.

But the first very distinct and decided case mentioned by Hahnemann of a real homœopathic aggravation, followed by a well-marked curative effect, and resulting distinctly from an over-dose, was published by him in the following year, 1797. The case was one which he denominates colicodynia, or spasmodic colic of excessive severity, which had already been treated by himself and others with all imaginable drugs and systems of medication. At length the similarity of the effects of veratrum album on the healthy induced him to try this medicine. He accordingly gave the patient four powders, each containing four grains of veratrum, with orders to take one powder every day. In place of doing so, however, the patient took two powders a day, and when he had finished the whole sixteen grains he was seized with such a dreadful attack of his colic that he seemed almost at the point of death. However, after this he was not again troubled with his complaint; he was perfectly cured of all his morbid symptoms.

It has been stated that this case taught Hahnemann the expediency of at once diminishing the dose to the infinitesimal point; but Hahnemann was not at this period capable of jumping so rapidly to a conclusion from a single observation, and accordingly we find that in the cases published by him for several years after this occurrence the doses of medicine he gave were by no means so small, far less infinitesimal. Several grains of arnica root, two or three grains of ignatia, a third of a grain of opium, fifteen to twenty grains of camphor, six or seven grains of ledum, a drachm and a half of cinchona bark, in the course of the twenty-four hours, which we find him giving ordinarily in 1798, are full doses according to the notions of

the old school. Not till three years later do we find him recommending anything like infinitesimals; but even then the homœopathic aggravation is not yet taught as a doctrine, but merely incidentally alluded to and confounded with the aggravation arising from an improperly-selected medicine. We must turn to the *Medicine of Experience*, that precursor of the *Organon*, for a distinct allegation respecting the homœopathic aggravation and the part it plays in the curative process. We shall there find the following statement:—

“If we have not only selected the right remedy but have also hit upon the proper dose, the remedy causes within the first few hours after the first dose has been taken a kind of slight aggravation, which the patient imagines to be an increase of his disease, but which is nothing more than the primary symptoms of the medicine, which are somewhat superior in intensity to the disease, and which ought to resemble the original malady so closely as to deceive the patient himself in the first hour, until the recovery that ensues after a few hours teaches him his mistake.”

This is the inevitable corollary from the Hippocratic *σφοδρότερος* axiom, or the stronger vanquishes the weaker, which I have shown that Hahnemann adopted for the explanation of the homœopathic cure; for the stronger power—the medicine—must exhibit its superior strength in the act of superseding the disease, and hence the apparent increase of the disease, which, however, we are told is only apparent, for this increase is medicinal not morbid action.

Immediately after this Hahnemann tells us that if, notwithstanding the administration of the perfectly-adapted remedy, no aggravation occurs, then the dose has been too small, and we shall require to give one or several more doses to make it superior to the disease.

In this same essay he warns against confounding the aggravation just described with the so-called aggravation by the production of new symptoms peculiar to the medicine given. The following are his words:—

"Every aggravation (as it is called) of a disease that occurs during the use of a medicine, in the form of new symptoms, not hitherto proper to the disease, is owing solely to the medicine employed; these symptoms are always the effect of the medicine. . . . An aggravation of the disease by new, violent symptoms during the first few doses of the medicine is never indicative of feebleness of the dose, but it proves the total unfitness and worthlessness of the medicine in this case of disease."

This doctrine of the homœopathic aggravation was somewhat softened down by Hahnemann afterwards. It was not represented by him as so invariable and necessary a concomitant of the remedial effect of the homœopathic medicine. I shall now read what he says upon the subject in the last edition of his *Organon* :—

"But though it is certain that a homœopathically-selected remedy does, by reason of its appropriateness and the minuteness of the dose, gently remove and annihilate the acute disease analogous to it, without giving expression to its other, unhomœopathic, symptoms, that is to say, without the production of new, serious disturbances, yet it usually, immediately after ingestion—for the first hour, or for a few hours—causes a kind of slight aggravation (where the dose has been somewhat too large, however, for a considerable number of hours), which has so much resemblance to the original disease, that it seems to the patient to be an aggravation of his disease. But it is, in reality, nothing more than an extremely similar *medicinal disease*, somewhat exceeding in strength the original affection.

"This slight *homœopathic aggravation* during the first hours—a very good prognostication that the acute disease will most probably yield to the first dose—is quite as it ought to be, as the medicinal disease must naturally be somewhat stronger than the malady to be cured, if it is to overpower and extinguish the latter, just as a natural disease can remove and annihilate another one similar to it, only where it is stronger than the latter.

"The smaller the dose of the homœopathic remedy is,

so much the slighter and shorter is this apparent increase of the disease during the first hours.

"But as the dose of a homœopathic remedy can scarcely ever be made so small as that it shall not be able to relieve, overpower, indeed completely cure and annihilate, the pure natural disease of not very long standing that is analogous to it, we can understand why a dose of an appropriate homœopathic medicine, not the very smallest possible, does always, during the first hour after its ingestion, produce a perceptible homœopathic aggravation of this kind.

"When I here limit the so-called homœopathic aggravation, or rather the primary action of the homœopathic medicine that seems to increase in some degree the symptoms of the original disease, to the first or few first hours, this is certainly true with respect to diseases of a more acute character and of recent origin; but where medicines of long action have to combat a malady of considerable or of very long standing, where, consequently, one dose must continue to act for many days, we then see, during the first six, eight or ten days, occasionally some acute primary actions of the medicine; some such apparent increase of the symptoms of the original disease (lasting for one or several hours) makes its appearance, whilst in the intervening hours amelioration of the whole malady is perceptible. After the lapse of these few days, the amelioration resulting from such primary action of the medicine proceeds almost uninterruptedly for several days longer."^a

But his opinion respecting the other or false sort of aggravation he expresses with even greater force in the *Organon* than in his previous essays. I shall now read what he there says on that point:—

"Every medicine prescribed for a case of disease, which, in the course of its action, produces new and troublesome symptoms not appertaining to the disease to be cured, is not capable of effecting real improvement, and cannot be considered as homœopathically selected; it must therefore either, if the aggravation be considerable, be first

^a *Organon*, §§ olvii-olxi.

neutralized in part as soon as possible by an antidote, before giving the next remedy chosen from a more accurate similarity of action; or if the troublesome symptoms be not very violent, the next remedy must be given immediately, in order to take the place of the ill-selected one.”*

And he adds more emphatically in a note:—

“Every aggravation by the production of new symptoms—when nothing untoward has occurred in the mental or physical regimen—invariably proves unsuitableness on the part of the medicine formerly given in the case of disease before us, but never indicates that the dose has been too weak.”

We are, it would seem from the following passage, not even to take the patient’s word for any improvement, if the pathogenetic effects of the remedy given show themselves:—

“If the patient mentions the occurrence of some fresh accidents and symptoms of importance—signs that the medicine has not been homœopathically chosen—even though he should good-naturedly assure us that he feels better, we must not believe this assurance, but regard his state as worse than it was, as it will soon be perfectly apparent it is.”*

Unless the medicinal symptoms are serious or numerous however, they are not to be regarded as always indicative of an erroneous selection, for he says, in another place:—

“There is almost no homœopathic medicinal substance, be it ever so suitably chosen, that, especially if it be given in an insufficiently minute dose, will not produce, in very irritable and sensitive patients, at least one trifling unusual disturbance, some slight new symptom, whilst its action lasts, for it is next to impossible that medicine and disease should cover one another as exactly as two triangles with equal sides and equal angles. But this (in a good case) unimportant difference will be easily done away with by the power of action (energy) of the living organism, and is not perceptible to patients not extremely delicate; the restoration goes forwards, notwithstanding, to the goal of perfect recovery, if it be not pre-

vented by the action of heterogenous medicinal influences upon the patient, by errors of regimen or by passions.”*

From these passages it is perfectly obvious what Hahnemann understands by the homœopathic aggravation, and what he does not mean by that term. The true homœopathic aggravation is, according to him, an increase of the actual symptoms of the disease shortly after the administration of the medicine, and the cause of it is the dose of the medicine being too powerful. It is an inconvenient and unnecessary accompaniment of the curative action, and is to be got rid of by diminishing sufficiently the size of the dose.

The first distinct instance of this homœopathic aggravation Hahnemann gives us is, as I before stated in the case of the individual affected with colicodynia,⁷ and the violent increase of the disease was evidently caused by the enormous doses of *veratrum* swallowed. The next occasion on which we find him giving examples of this homœopathic aggravation is in the *Organon*,⁸ where he states, on the authority of Leroy, that *viola tricolor* given for the *crusta lactea* of infants primarily increases the eruption before it cures it; and, on the authority of Lysons, that the skin diseases cured by elm-bark are primarily aggravated by it; and he asserts that in both these instances the apparent aggravation was owing to the medicine being given in too large doses, and that had it been given in smaller doses no such aggravation would have been observed.

The next example of homœopathic aggravation we meet with in his writings is to be found in his essay *On the Power of Small Doses*.⁹ The aggravation in this case is stated to result not from a too large dose—in as far as quantity is concerned—but from a too *powerful* dose, the excessive power being communicated to it by a too prolonged succussion. He states, for example, that a drop of *drosera*, in the 30th dilution, each successive dilution having been prepared with twenty succussions, would endanger the life of a child affected with whooping-cough, owing to the enormous

* *Organon*, § clvi.
 8 *Organon*, 238, note.

7 *Lesser Writings*, p. 353.
 9 *Lesser Writings*, p. 823.

aggravation it would cause, whereas the same dilution prepared with only two shakes for each dilution, would only effect a mild cure. This case, though stated as if it had actually occurred, is, as I have elsewhere shown,^b a purely hypothetical one, and we have no evidence to show that there is any probability that it would occur, so that we may safely pass it over. The only other instance I can meet with in Hahnemann's works, which is anything like a homœopathic aggravation, did not occur from the employment of an excessively large, but of an unusually small dose of the medicine. It is the case of an epileptic lady, to whom he gave a drop of the 90th dilution of sulphur, and within one hour after its ingestion an epileptic fit occurred.^c I know not whether this would be considered by him as an example of aggravation, but it is probable it would, and if so, it is one occasioned by a much smaller in place of a much larger dose than usual.

On the other hand, among all the examples he cites from the works of allopathic authors of the administration of medicines on the homœopathic principle with good effect, there is no evidence that the dose, which was in every case enormous when compared with those he himself advised, produced the slightest aggravation.

Again, in his own practice, we find instances where he gave considerable doses without the production of any aggravation.

In the first *Essay on a New Therapeutic Principle*^d a case of spasmodic asthma with head symptoms of a grave character is related, where a gradual cure without aggravation was effected by means of three grains of veratrum album, given every morning for four weeks. In the same essay another case is related of puerperal mania and convulsions, where the patient was cured by means of several half-grain doses of veratrum, which seemed to produce no aggravation of the disease, though a few of the pathogenetic effects of the drug were observed. In the essay *On the Obstacles to Certainty and Simplicity in Practical Medicine*,^e a case of spasmodic asthma is detailed, where

^b Lesser Writings, p. 823. ^c Ibid., p. 857. ^d Ibid., p. 340. ^e Ibid., p. 386.

four grains of *nux vomica*, exhibited twice daily for some time, removed the complaint gradually, but perceptibly and permanently, without any aggravation.

In Hahnemann's two essays, *On Continued and Remittent Fevers*, and *On Hebdomadal Complaints*, the remedies administered, most of them in full doses according to old-school notions, cured the diseases for which they were employed, without the production of any aggravation.

Again, in the essay upon *Scarlet Fever*,¹ no aggravation is stated as having followed the administration of the various remedies employed.

Passing over the intermediate period, let us turn to the history of those two cases he first published about 1817, and which he republished in 1833, as good specimens of homœopathic cures. The first case^a is one of *gastralgia*, which was treated with a drop of the pure juice of *bryonia*, a dose which certainly ought to have caused a violent aggravation, if aggravation was a necessary consequence of an unnecessarily large dose, which Hahnemann tells us in a note this was; but no aggravation whatsoever occurred. The other case^b was an attack of *dyspepsia*, cured by half a drop of the 12th dilution of *pulsatilla*, likewise far too large a dose according to Hahnemann's later views, but no aggravation ensued, only a rapid and effectual cure.

Only two more cases of affections treated by Hahnemann are on record, these I have given in the collected edition of his *Lesser Writings*,ⁱ and though the diseases in these two cases got better and worse several times, yet Hahnemann does not attribute this alternation, nor is it in fact attributable, to anything like the so-called homœopathic aggravation, but it is perfectly evident that it is due to the natural course of the disease, and is what we observe every day in chronic affections treated by any method whatsoever.

Thus we perceive that, notwithstanding the decided manner in which Hahnemann speaks of the occurrence of the homœopathic aggravation, and the readiness with which he attributes its occurrence to the unnecessary largeness of the dose, we have no evidence from the cases

^a *Lesser Writings*, p. 425. ^b *Ibid.*, p. 864. ⁱ *Ibid.*, p. 866. ¹ *Ibid.*, p. 869.

treated by himself that it ever occurs from a moderately large or an immoderately small dose; and the only case in which it did unequivocally occur among all those cases he has recorded, it happened as the consequence of a very immoderately large dose, such a dose indeed as would have been amply sufficient to develop the same or similar symptoms in a healthy individual.

The question we have to resolve then is this:—Is or is not the homœopathic aggravation such as Hahnemann depicts it a reality? And to assist us to answer this question, I shall pass in review what has been written about it by homœopathic authors.

Schrön,^j than whom none has brought a greater power of what we may call sceptical criticism to bear upon homœopathy, denies *in toto* Hahnemann's views regarding the homœopathic aggravation, which he hesitates not to term an "unfortunate dogma;" and ascribes the idea to an insufficient acquaintance with the natural history of diseases on the part of those especially who have magnified the homœopathic aggravation into a terrible bugbear.

Rummel,^k while he admits the occasional occurrence of the homœopathic aggravation, considers it as the exception not the rule, and that what is called by that name is frequently only the natural course of the disease.

Kurtz^l believes that the occurrence of homœopathic aggravations is impossible if the remedy were perfectly homœopathic, but that they might occur if the remedy were not well chosen, or if it were given in too strong or too weak doses; but he evidently confounds the homœopathic aggravation with the natural crisis of the disease, and with the pathogenetic effects that frequently result from the medicine administered.

Gross^m says that the homœopathic aggravations appear and disappear quickly in proportion to the suitability of the medicine and the suitability of the dose, *i. e.*, its smallness. He alleges that it is only quite small doses of medicine that produce a rapid homœopathic aggravation, larger doses produce their action much later. This is

^j Naturheilprocesse, ii. 177.

^l Hygie, v. 134.

^k Allg. h. Ztg., ix. No. 3; xxxi. No. 19.

^m Arch., i. 2, 25.

true to a certain extent; that is to say, massive doses often act as irritants, and are expelled as such, and therefore do not develop their *specific* action so decidedly as smaller doses that cause no irritation in the *primæ viæ*; but it is not true, as a rule, in respect to different infinitesimal doses beyond a certain point.

G. Schmid^a asserts that if the dose be sufficiently large, no so-called homœopathic aggravation will occur, and that it is met with only when the dose is too small, whereby imperfect excitation ensues, that not being sufficiently maintained, exhausts itself in vain efforts and struggles. This explanation, I must confess, is not very satisfactory, for if a small dose causes these intermittent curative struggles, presenting the appearance of an increase of the disease, *a fortiori* a larger dose should produce greater or more prolonged struggles. Schmid, it is well known, is a great advocate for the larger and more material doses, and doubtless he will observe that they act more mildly and efficaciously than the smaller and more infinitesimal ones. It is quite possible he may never see any aggravations from the use of his massive doses, whilst the timid globulist is constantly observing them; but I do not think his explanation of the fact is correct, as I shall hereafter show. He also states that the homœopathic aggravation must often be looked upon as the result of a fear for larger doses of medicine, and is generally ascribable to the spontaneous exacerbation of the disease, or to the so-called *perturbatio critica*, or crisis.

Kämpfer,^o admitting the occurrence of the homœopathic aggravation, distinguishes two kinds of it, one of a critical, the other of a non-critical character; the former being followed by amelioration, the latter not. This may be true or not, but unless we are enabled to discriminate the two kinds, the division is without practical value.

Hirschel,^p while denying that the homœopathic aggravation is necessary for the cure, admits four different kinds of it.

1. Where there is great irritability of the whole organism, or of particular organs and systems, there may occur,

^a Hom. Arzneibereitung, 204.

^o Allg. h. Ztg., xxiv. 231.

^p Die Homöopathie, 86.

even from comparatively small doses, certain accessory actions of a quite superfluous character.

2. Where medicines are administered which are not accurately adapted to the case of disease, some particular symptoms may be increased by this improperly-selected medicine, without the removal of the disease supervening.

3. The morbid process may on the whole be increased without any advantage, no curative effect following; or, lastly—

4. The specific remedy may excite and hasten the morbid process, with a good result for the recovery.

None of these aggravations, with the exception perhaps of the last, resembles that described by Hahnemann, and even the last Dr. Hirschel takes pains to tell us is not the same as Hahnemann's, for Hahnemann's aggravation was but a momentary affair and a medicinal action, whereas this is the real morbid process increased in rapidity and running a definite course.

Whilst we may readily admit the first three forms of aggravation described by Hirschel, the last requires a little more consideration. The examples he gives of it are these: it occurs, he says, in hyperæmia, in the catarrhal process, in inflammation, and in neuralgia. I cannot precisely tell what he means by hyperæmia, but I cannot see how it should be necessary, nor does my experience teach me that it is the case that any such aggravation, with acceleration of the morbid process, occurs in catarrhs or inflammations. On the contrary, the truly chosen homœopathic remedy seems generally to diminish these diseases at once. With respect to neuralgias and nervous affections, no doubt an aggravation is often observed before the malady is removed; but the mere hastening on of a paroxysm of tic or epilepsy cannot be considered to be an aggravation, unless the paroxysm be of more than usual severity.

Trinks^a says, that both homœopathic aggravations and the pathogenetic action of medicines occur occasionally after strong, moderate, and very small doses of medicine

^a Handbuch, p. lxi.

cannot be denied. The accessory medicinal effects are most frequently noticed from the stronger doses, or from the administration of inappropriate medicines. Both the aggravation and the medicinal perturbation are seen most frequently in very susceptible, nervous, or hysterical individuals; much more frequently in chronic than acute diseases. There are, however, many cases in which neither are observed, even after continuing the medicine for a long time. Many cases are cured without any aggravation, and many cases are aggravated without any cure being effected. He likewise believes that many medical men have asserted they have seen aggravations where there really were none, or which were merely the natural crises of the disease. When the aggravation occurs it is best, he says, to wait till it has exhausted itself, after which the disease generally advances rapidly towards a cure; or if the aggravation is too violent or long continued, we may repeat the medicine, which will then act as an antidote, or give the real homœopathic antidote indicated. The medicinal perturbation may arise either from continuing the medicine too long or from giving an improper one; in the former case it should be discontinued, in the latter we should substitute for it a better selected remedy. All very good directions, doubtless, but Dr. Trink does not inform us how we are to distinguish the medicinal aggravation from the natural increase of the disease, nor the medicinal perturbation in consequence of too long use of the drug from that caused by an improper choice; so that we are left as much in the dark as before.

Schneider^r denominates Hahnemann's homœopathic aggravation "a phantom," and he describes the states that have had this appellation bestowed upon them by authors. They are—1, a one-sided medicinal action upon particular systems, produced by a too powerful dose; 2, the spontaneous increase of the disease; 3, the excitation that sometimes precedes a crisis; 4, a merely apparent aggravation of certain symptoms; or, finally 5, the homœopathic aggravation is, he says, "a psychical

effect of the homœopathic theory;" in other words, fancy. He has never seen a homœopathic aggravation, even from comparatively large doses of the homœopathic remedy.

Dr. Romano^s is a firm believer in the Hahnemannian doctrine of homœopathic aggravations, which he considers to be of frequent occurrence. It is, he admits, of the greatest importance to be able to distinguish, when an aggravation occurs, whether it is due to the action of the medicine or whether it is owing to an increase of the disease; the former being a matter of congratulation, for the expiry of which we may tranquilly wait, knowing that it will be followed speedily by amelioration; the latter being an object of dread and, in many cases, of danger to the life of the patient. He thinks he has discovered the touchstone for distinguishing the two. If, says he, during the aggravation the pulse is slower or not quicker than it was before, it is a medicinal aggravation; if quicker, it is an exacerbation of the disease. It is evident if the disease, as is frequently the case with acute diseases, is principally indicated by the violent action of the circulatory system, this test, if correct, would not be applicable. I need hardly say that Romano's notion has not been confirmed by any other observer.

Rau^s says that the action of a homœopathic remedy very suitable for the case is often felt very soon after its ingestion, not in the way of an exact homœopathic aggravation, as described by Hahnemann, but the patient feels a sort of formicative crawling or searching throughout the body, but especially in the affected parts, sometimes amounting to a shooting and jerking, accompanied not unfrequently by a feeling of general prostration, faintness, or excessive sleepiness. So many of his patients, he says, spoke of these sensations, that he came to the belief that they were certain signs of the appropriateness of the remedy; and where they did not occur, he imagined that the medicine was not properly selected. Now, though it is doubtless true that such symptoms are con-

^s Allg. h. Ztg., xxxiii. 314.

^t Hyg., iv. 296.

fessed to by many patients after the administration of a medicine, I must from my own experience allege, contrary to Rau's opinion, that they by no means always follow the ingestion of the appropriate medicine, and that we sometimes find them to occur in patients where no good result is obtained from the medicine administered. The symptoms Rau describes as occurring after the ingestion of the remedy can but be considered as equivalent to Hahnemann's homœopathic aggravation, or, at all events, they are only a variety of it.

Griesselich^u was, when first he became a convert to the homœopathic system, thoroughly impressed with the reality and essentiality of the homœopathic aggravation. He happened to be affected one day with headache, for which he took two globules of the 30th dilution of *nux vomica*, and the aggravation he anticipated was not long in making its appearance; and in this way, to wit, by the force of imagination only, he believes many beautiful instances of aggravation are perceived. He has often seen them occur in patients who knew something of homœopathy, and who firmly believed that an aggravation must occur, when he had given them nothing but milk-sugar. Thus also Braud^v observed aggravations to occur from the patient taking water only, which he believed to be medicine. The imagination, says Griesselich, has played no insignificant part in homœopathy; the extreme credulity of many of its adherents as regards the *post hoc* being *propter hoc* having led many to believe that all the phenomena they noted in the course of the disease were due to the medicines they administered, just as in the old school all the phenomena that occur are ascribed to the morbid process, and the disturbing action of the medicine is but seldom taken into consideration. There is no doubt, Griesselich observes, that there is a kind of superstitious credulity on the part of the patient, which we may avail ourselves of in order to cure his disease. By persuading the patient that he must expect a certain action from a certain substance administered, we may often succeed in bringing about such action, even although

^u Handbuch, etc., 54.^v Bull. de la Soc. de Méd. Hom., 1846, p. 243.

we only administer some perfectly innocuous substance. Not only aggravations but cures may be effected by this means; and there is little doubt that many homœopathic cures with large and small doses and with inappropriate medicines are effected in this manner. The cures effected by relics, holy water, sympathy, etc., are all of this class and no doubt also many of the cures effected by inappropriate though may be powerful allopathic medicines.

He thinks, however, that there is something real at the bottom of the homœopathic aggravation, as described by Hahnemann, though he denies that it assists him in his theory at all. The aggravation Griesselich admits as occurring is, however, rather the accessory disturbance caused by the medicine in a sensitive individual than Hahnemann's true homœopathic aggravation. Thus, he observes, there are persons so sensitive that they will have slight traces of ptyalism from a dose of the 4th or 6th dilution of mercury. Such phenomena are signs of what is called idiosyncrasy, and may occur both when the medicine is suitable to the disease and when it is quite unsuitable. In diseases which occur in paroxysms also it frequently happens that after the administration of the homœopathic medicine a strong paroxysm occurs, and then the malady ceases. The crises that often occur after the termination of the proper morbid process are also, he asserts, often unjustly denominated aggravations, which they have no claim to be. All that we can say is that homœopathy does not always prevent their occurrence, but they certainly are not more frequent under it than under the old system, or when diseases are left to themselves.

Dr. J. W. Arnold* has the following remarks upon the homœopathic aggravation:—"After the administration of a homœopathic remedy we frequently observe an increase of the symptoms already present. They become not only stronger but increase in extent, become thus more perceptible and more distinctly cognizable. Along with them are frequently conjoined symptoms which had been previously present, but had ceased for some time. Besides these we observe symptoms which had never

* Idiop. Heilverf., 207, et seq.

before troubled the patient, but which stand in a certain genetic or organic connection with the primary disease. All these effects of the medicines may be termed homœopathic aggravations, but not so many symptoms that occur during the use of the medicines, and which must be looked upon as the immediate effects of the latter. The thick-and-thin adherents of Hahnemann, who are too frequently in the habit of thinking they see homœopathic aggravations, often consider as such the pure medicinal symptoms, and often also an increase of the symptoms depending upon the natural course of the disease. On the other hand, there are sceptics among the homœopaths who assert that an aggravation of the disease unmistakably produced by the medicine administered is extremely rare, that a great deal too much is said about it, and its importance altogether over-estimated. If we distinguish the true homœopathic aggravation from other kinds of medicinal action and from the natural increase of the disease, we certainly shall seldom have an opportunity of observing the former, especially if the dose be right. . . . Although," he continues, "the homœopathic aggravation is often followed by amelioration, yet this is not always the case, especially in very irritable and delicate patients; and also in incurable diseases we often observe an increase of the disease after the medicine, followed by no amelioration, or, at all events, no cure. In these cases the homœopathic aggravation may be compared to the efforts at a crisis in incurable diseases, where the crisis is never attained."

For my own part, I think that the homœopathic aggravation of Hahnemann was a necessary deduction of his from his theoretical explanation of the mode in which the homœopathic medicines acted, viz., by the stronger expelling the weaker. It is part and parcel of this theory, and nothing more. It is very obvious that if it were a fact and not a theoretical fancy it would constantly be occurring, more especially if the dose given were at all greater than what would barely suffice to overcome the disease; but in Hahnemann's own recorded practice we have only one instance of its occurring decidedly, and that in a case where the dose was quite sufficient to produce the same symptoms in a perfectly healthy individual. In the

practice of those who usually give their medicines in much larger doses than the regulation 30th dilution of Hahnemann, we find that true homœopathic aggravations are seldom or never met with, whereas they should be of constant occurrence; and it is chiefly those who give the highest dilutions and preparations of the medicines, diluted a long way beyond what Hahnemann ever dreamed of, who profess to be constantly seeing these homœopathic aggravations. The chief foundations for the belief in homœopathic aggravation are, I conceive, these:—1. Imagination or expectation on the part of the patient. 2. Ignorance of the march of diseases, of their natural remissions and exacerbations, of their crises and critical discharges. 3. Above all, however, by observers having confounded the two sorts of aggravations described by Hahnemann together, and talking of the medicinal perturbation, as Dr. Drysdale* has termed it, as though this were Hahnemann's homœopathic aggravation. We find it is chiefly those who pride themselves on being pure Hahnemannists who make this mistake; such gentlemen do not thereby show much knowledge of the writings of him they acknowledge as master, for Hahnemann distinctly says that when these medicinal perturbations occur they are a sign that the medicine has been improperly selected; whereas to read the writings of those I have alluded to, it would seem that the more violent the medicinal perturbation the more certain the consequent cure. There is no doubt that such medicinal perturbations do sometimes occur, and that from doses of all sizes, from the smallest as well as the largest. The cause seems to be idiosyncrasy on the part of the patient, and I do not believe they are always indicative of a false choice of the remedy, for we by no means rarely find that after their occurrence the disease declines, though at the same time I am bound to admit that they are often followed by no good result. The distinction betwixt Hahnemann's homœopathic aggravation and the medicinal perturbation cannot be too forcibly insisted on. The latter is by no means uncommon, and is of no value in a therapeutic

* British Journal of Homœopathy, vi. 24.

point of view; the former is rare, and is almost confined to neuralgic and paroxysmal diseases, as far as my own observation teaches me, and in such cases it is often, but by no means always, nor I might even say generally, a favourable sign.

The following, then, are the conclusions at which I have arrived relative to the homœopathic aggravation:—

1. That the true homœopathic aggravation of Hahnemann, or increase of the actual morbid symptoms shortly after the administration of the medicine, is of rare occurrence.

2. That it does not always depend upon the magnitude of the dose administered, for it may occur from a small dose as well as from a larger one, and is more dependent on the kind of the disease or the susceptibility of the patient than on the magnitude of the dose.

3. That whilst it may undoubtedly be sometimes avoided by diminishing the dose, it is equally certainly often avoided by increasing the dose.

4. That it is sometimes the precursor of a cure, but not always, for cases are observed, *e. g.*, of neuralgic affections, where many medicines aggravate but none relieve the disease.

5. That it has been confounded with several other things.

a. With the natural paroxysms of the disease.

b. With the natural increase of the disease before its decline.

c. With the so-called crises or critical discharges at the termination of the original morbid process.

d. With the transformation of the disease requisite to effect a cure, *e. g.*, the suppuration of warts and other tumours, the natural opening of abscesses, etc.

e. With the effects of imagination or anticipation on a highly excitable patient.

f. With the pathogenetic effects of medicines administered for a curative purpose in susceptible individuals, termed by Drysdale and others medicinal perturbations.

6. That these medicinal perturbations occur from doses of all sizes.

7. That they are not always, as Hahnemann has said,

indicative of an erroneous choice of the remedy, but rather of a preternatural susceptibility on the part of the patient.

8. That they are not desirable, as, if strong, they may interrupt the cure and require to be subdued by an antidote.

9. That they sometimes occur after the first dose or two of the remedy, but on repeating the same remedy cease to show themselves.

10. That effects very similar to them are often excited by the mere influence of the imagination or anticipation, even after the administration of a totally inert substance.

I have dwelt thus long and entered thus minutely upon the subject of the homœopathic aggravation because I believe no harm but only good can result from the most rigid critical examination of all the tenets inculcated by Hahnemann, and none can deny that this doctrine of his has occupied rather a prominent place in the Hahnemannian system, and its importance has been very much exaggerated by many of those who consider themselves as the purest of Hahnemann's disciples. On reading some of the cases recorded by these latter gentlemen, we are astonished to perceive the amazing power they attribute to their medicines and the terrible effects they sometimes witness from their administration, even in the very smallest doses. Every increase of the disease after a medicine has been given is at once regarded as a homœopathic aggravation, demanding the immediate suspension of the medicine in order to allow it, as the phrase is, to exhaust its action, though often the increase observed may have nothing earthly to do with the medicine given, but may be solely ascribable to the advance of the disease. It is a remarkable fact and at the same time a very significant one that aggravations are most frequently observed by those practitioners who do not avail themselves of the modern methods of physical diagnosis, who reject pathology and the study of pathological anatomy, who give habitually the smallest doses, and who have been bitten by the Jennerian delusion, whilst these aggravations are rarely, if at all, observed by those who have kept pace with the modern advances in diagnosis and

pathology, and who prefer the lower scale of dilutions as a rule.

I have pointed out how necessary a corollary the homœopathic aggravation is to the Hahnemannian theory of the stronger medicinal disease expelling the weaker natural disease; but you will notice that from the explanation I offered of the mode of action of remedies no aggravation whatsoever ought to ensue, for the curative agent does not act by virtue of its superior strength over the disease, but it acts as a stimulus to the morbid part, which is in a state of under-stimulation.

To some it may appear presumptuous that I should thus venture to dispute the assertions of Hahnemann on points connected with his own doctrines, as though he was not a far better observer of all these things than he brings forward as facts than any of his disciples can possibly be, but I believe we shall best consult the interests of homœopathy as a science by inquiring critically into every part of the system and ascertaining and carefully distinguishing what are really facts from what are mere assertions, and refusing credence to the latter until we have carefully sifted the evidence on which they rest, or if none is brought forward in their support, by subjecting them to a strict logical inquisition.

Now it so happens that Hahnemann's theory of homœopathic aggravation is a theory only. The cases he has recorded afford no evidence of its truth, and the only thing it has to rest upon is Hahnemann's theory of the mode of action of homœopathic agents, from which it is the necessary deduction. Now as I have, I think, shown the untenableness of Hahnemann's explanation of the curative process, I think I am justified in rejecting this deduction from it, and in seeking to explain those occasional phenomena, that have been considered to be proofs of it, in some other way, as I have already done and as has been done by many other homœopaths of greater experience and scientific acquirements than I can boast of.

It is often alleged by our adversaries that if we believe in homœopathy we are bound to accept all the doctrines of Hahnemann, but nothing can be more preposterous. Because we believe in the phenomena of galvanism, are

we bound to believe in the hypothesis by which Galvani attempted to explain them? because we believe in the utility and indeed the indispensableness of Dalton's atomic theory, are we therefore bound to accept Dalton's idea of ultimate atoms and elementary substances? The facts observed by Sydenham and the practical deductions he drew from those facts have still their value, whilst the theories he held are obsolete and absurd. The phenomena of mesmerism are undeniable, but who is to swallow all the reveries of Mesmer? Hahnemann was a great man, but not a prophet; his works are full of wisdom, but they are not revelations. And yet there are some of his disciples who hold it to be almost blasphemy to dispute any one of his sayings; there are some who think to overwhelm us with confusion when we advocate this or that practice, by saying triumphantly—"that is contrary to the doctrines of Hahnemann."

I think the best homœopathist is not he who is always prating about what Hahnemann did or was supposed to do, and who would try all practice by the Hahnemannic test, but he who boldly approaches the doctrines and precepts of Hahnemann in a spirit of enlightened scepticism, who refuses his credence to every tenet that will not bear the light of a searching criticism, and who hesitates to accept even Hahnemann's practical rules, without subjecting them to the scrutiny of reason guided by experience.

It is in this spirit I have examined the question of homœopathic aggravations and found it defective, and it was in this spirit I investigated Hahnemann's theory of the mode of action of homœopathic remedies. This spirit has influenced me in accepting the law of *similia similibus* as the grand therapeutic rule, and in rejecting Hahnemann's hypothesis to explain it and his doctrine of homœopathic aggravations. Pursuing the same plan with regard to the other doctrines agglomerated round the homœopathic law, I trust I shall succeed in proving to your satisfaction that whilst there is a vast deal that is of immense practical value connected with these doctrines, many of the theoretical views linked together with homœopathy, which have excited the mistrust if not the

derision of scientific inquirers, are non-essential to the truth of the healing law, and that if the real truths connected with homœopathy be carefully picked out from amongst the crowd of hypotheses in which they are smothered, the whole system therefrom resulting will offer a more strictly scientific, logical, and rational character than it assumes in the writings of Hahnemann, and will carry more conviction to the minds of the majority of the profession.

My chief aims therefore will be to demonstrate the rationality of the essentials of the homœopathic system, and to divest it of those non-essentials which have hitherto only served to retard its progress. Among the latter I consider the homœopathic aggravation holds a prominent place.

There are, however, some phenomena connected with the favourable march of diseases and with the curative effects of medicines in disease that might, on a superficial view of the matter, seem to afford some countenance to the doctrine of homœopathic aggravations, when observed only in connection with the curative action of the remedial agent. It is well known that some acute exanthematous diseases present unfavourable symptoms as long as the exanthema remains imperfectly developed, and that these unfavourable symptoms subside simultaneously with the full development of the eruption. This occurs sometimes spontaneously, but very frequently in consequence of the administration of the appropriate remedy; but though, as far as the mere eruption is concerned, this effect of the medicine is an aggravation, in respect of the whole disease it is a decided amelioration. It is commonly said that in such a case the morbid process is transferred from the internal vital organs to the external skin; but whatever be the proper explanation of the fact, its promotion by means of a proper curative agent cannot be regarded as an aggravation, but on the contrary, as a restoration of the disease to its normal mild course.

In like manner it often happens with chronic diseases that their termination is marked by the appearance of some exanthema, the development of which is often promoted by the homœopathic remedy; and in the case of

skin diseases, properly so called, it is no unusual thing for the homœopathist to observe during his treatment the great spread and extension of the cutaneous malady. This may seem very like the homœopathic aggravation of Hahnemann, but it is no aggravation at all, being precisely analogous to the similar result that occurs with the acute exanthemata before mentioned. Thus it almost invariably happens that however much the patient may complain of being worse, of the great increase of his cutaneous discomfort, etc., we shall find that some internal symptom, some headache, gastralgia, dyspeptic or other symptoms, are decidedly relieved, if not altogether gone.

Now it is obvious that this occurrence cannot be held to be the homœopathic aggravation of Hahnemann, for the most important features of the disease are relieved, and only the least important increased. Nor is it a sign that the dose administered has been needlessly large, and that it is requisite to discontinue the medicine; on the contrary, the phenomena will be produced by the very smallest doses that are curative, and it is good practice to repeat or even to increase the dose, as tending to the more effectual bringing out of this kind of crisis, and consequently to the speedier cure of the whole disease, to which this cutaneous efflorescence bears the same relation that the flowers do to the whole plant.

Every homœopathic practitioner must have noticed this primary increase of the cutaneous malady before its final cure, an increase, be it observed, that we have some difficulty in persuading our patients can be of any advantage to them hereafter; and instances must be familiar to most practitioners of the serious detriment to the health that often attends the local suppression of cutaneous diseases by astringent or caustic applications.

I have seen cases, and the records of similar ones are to be found in our homœopathic literature, where an eczematous or other eruption, that had lasted for years in a moderate form, has increased so as almost to occupy the whole surface under the homœopathic treatment before it finally disappeared, and the only thing that could induce the patient to continue the homœopathic treatment was the marked improvement that he observed in some head,

stomachic, or other symptoms. I have also met with cases where, in the treatment of some gastric or other chronic affection, on the subsidence of these symptoms a cutaneous affection of a most disagreeable and extensive character has appeared; and when the patient, alarmed at the occurrence of this disagreeable symptom, has resorted to other treatment and had the eruption removed by local means, the internal affection has almost immediately returned.

The *rationale* of the increase or fresh occurrence of the cutaneous symptoms on the cessation of the internal morbid signs, and *vice versa*, seems to be, agreeably to the pathological doctrines I laid down in my previous lectures, the following:—The return of the diseased part to the healthy state acts as a stimulus to the other part with which it is in sympathetic connection, and produces there the over-irritation which is followed by exhaustion of vital action or disease.

It is probable that the differences observable among cutaneous diseases depend upon their different anatomical seat in the dermoid structures, and possibly careful observation will teach us, if not the particular structure that is in sympathetic connection with each particular organ, at all events the particular character and general locality of the cutaneous affection that is in this relation with each particular internal disease. This subject has indeed already engaged to a limited extent the attention of some practitioners, and we can easily believe that its investigation must be fraught with great advantages not only to pathology and diagnosis but also to therapeutics.

This subject, however, I must leave until I come to treat of that remarkable doctrine which Hahnemann enunciated in 1828, viz., the so-called psora theory or doctrine of chronic diseases.

LECTURE VI.

ISOPATHY.

It is difficult to fix the antiquity of the doctrine of isopathy;⁷ in one form or another it has existed almost as long as medicine has been practised as an art. If we search in the most ancient records of medicine we shall find traces of this system. Not to speak of the doctrine of signatures—which has already been alluded to when I spoke of the hints respecting homœopathy previous to Hahnemann,⁸ to which indeed more than to isopathy that doctrine more properly belongs—we find numerous passages in the ancient authors countenancing the belief in a so-called isopathic principle of therapeutics.

Thus the lungs of the fox were recommended for asthmatics by Dioscorides, Xenocrates, Galen, Serapion, Paulus Ægineta, and by many other writers, down indeed to the most modern times, for we find them still a favourite remedy for the like affection in the earlier editions of the *Pharmacopœia Londinensis*.

Dioscorides and Paulus Ægineta allege that the roasted liver of a mad dog was one of the best remedies for its bite; and Xenocrates and the latter assert wolf's liver to be a useful hepatic remedy.

The round worm in the human subject was best treated by roasted earth worms, according to Dioscorides; and the same author advised the brains of a cock to be given in hemorrhage from the meninges, whilst Galen says that the brains of a camel are a cure for epilepsy.

The scorpion's sting was to be treated by the application of the dead scorpion to the wound, according to Haly Abbas, Celsus, and Paulus Ægineta, and this is the method of cure still adopted by the inhabitants of

⁷ Isopathy properly means the treatment of diseases by their own exciting cause, *æqualia æqualibus*, but, as will be seen, the term has been applied to a great variety of modes of treatment, distinguished chiefly for their absurdity, where the actual isopathic principle is completely lost sight of.

⁸ See Lecture I.

Morocco for the sting of that venomous insect, according to the testimony of recent travellers.

The theriac of Andromachus, which contained the bodies of vipers as a chief ingredient, was almost universally employed by the ancients for the bite of venomous serpents.

In my first lecture I adduced numerous other instances of the isopathic method of treatment, chiefly from the writings of Nicander and Xenocrates. Paracelsus also might be pressed into the service of isopathy, from some portions of his writings isolated from their context; but I showed in my first lecture that the passages which seem to countenance this doctrine have quite a different sense when read in connection with the rest of his writings. I showed, however, that his disciple, Oswald Croll, believed and taught that the sound organs of certain animals were useful in the diseases of those organs in man, a doctrine that is not wanting in defenders among the homœopathic heretics distinguished for the eccentricity of their aberrations.

Van Helmont hints, in his obscure way, that the morbid products of diseases should be employed for their cure, which we shall find to be exactly the doctrine of a certain class of those who have distinguished themselves of late years in the isopathic field.

About two hundred years ago Dr. Durey^a revived the treatment of hydrophobia recommended by Dioscorides, of giving the liver of the rabid animal to those bitten by it. Ten persons having been bitten by a mad wolf, and nine of these having died, the wolf was captured and killed, and its liver, after being washed with wine and dried in the oven, was given to the tenth person who had been bitten. He consumed the whole liver in three days, and remained free from the disease. This case of course proves nothing in favour of the prophylactic powers of the rabid creature's liver.

Our celebrated countryman, Dr. Richard Mead, recommended about one hundred years ago the *axungia viperina*, which seems to have been prepared with viper's flesh, for the bites of these reptiles. He also speaks highly of the

^a De stupendo et lugendo infortunio ex lupo rabiente, narratio verissima. Devonise, 1671.

volatile salts of vipers as a remedy for their bites ; this seems to have been merely some ammoniacal salt obtained from the viper, and was very likely not more efficacious than the *eau de luce* and other ammoniacal preparations that are still found to be very useful in the bites of venomous animals. Mead also advises scorpion's oil, that is oil in which scorpions have been infused, for the sting of that insect. Butler, who wrote fifty years before Mead, alludes to this and another pretended isopathic remedy in these lines :—

“ 'Tis true, a scorpion's oil is said
To cure the wounds the vermin made ;
And weapons dressed with salve restore
And heal the hurts they gave before.”^b

From these few examples, and many more might be adduced had I thought it necessary to extend my researches relative to this subject, it will be evident that the doctrine of the cure of diseases of certain organs by the corresponding organs in other animals, and that of the cure of diseases by their own morbid products or supposed exciting causes, are, far from being a novelty, on the contrary of very ancient date.

There is no doubt to whom belongs the honour of having introduced isopathic heresies into the homœopathic school. It was our transatlantic friend Dr. Constantine Hering who gave the first impulse to isopathy, for we find him in 1830^c proposing as a remedy for hydrophobia the saliva of a rabid dog, as Xenocrates had done before him ; for small-pox the matter from variolous pustules ; for psora the matter of itch. Nay, he asks, may we not expect, if this doctrine be true, that we shall find the specific remedy for every epidemic pestilence in the first case of it that breaks out, and that the matter obtained from this one will serve to check the disease in all the rest ? and this plan he actually proposes in a later paper. He recommends us to potentize the watery excrements of cholera, the black vomit of yellow fever, the desquamated skin of malignant scarlet fever, and to bind bags of milk-sugar in contact with the skin of typhus patients, and

^b Hudibras, Part iii. Cant. ii., l. 1029.

^c Arch., x. 2.

all these extraordinary medicines will serve as the remedies for these several diseases. In 1833 Dr. Hering wrote a long paper,^d wherein he extols the efficacy of the prepared itch-matter, which he now calls *psorine*. He there declares this psorine to be equal to our very strongest medicines in power; that it has a great power of producing eruptions; that it is one of the most efficacious means for restoring the lost or weakened action of the skin; that it is the most important remedy in every form of scabies, and that it is a prophylactic against infection with itch. He found that a globule of the 30th dilution is the best dose to give, and that it is most expedient in every case, where possible, to give the patient psorine prepared from his own body, in other words what he calls *auto-psorine*; of course this is only possible if the patient has the psoric eruption upon his person at the time. Under the head of psora, be it remembered, Dr. Hering included many varieties of cutaneous diseases. In his experiments and observations he discovered that the psorine, from whatever form of cutaneous eruption he obtained it, was always equally efficacious.

He suggests that the seeds of plants potentized may possibly be the means of eradicating and destroying such plants, and that insects potentized may be capable of destroying the life of their own species; and then he exclaims what a blessing this discovery will prove to farmers in getting rid of weeds, and to housewives in freeing their houses and children from vermin. He does not mention how he supposes the potentized nettle-seeds are to be administered to those plants, and I must confess I would be sorely puzzled to give a dose of *pediculus* 30 to a louse, or *cimex* 30 to a bug. "First catch your hare," writes Mrs. Glass, and "first catch your louse" would doubtless be Dr. Hering's advice; but having caught our louse, I think it would be as superfluous an operation to give him the dose of his potentized relative, as it would be to put the salt on our sparrow's tail after having ensnared him. Dr. Hering, rather hopelessly I imagine, begs all farmers and housewives who are in-

^d Arch., xiii. 3.

clined to try his method of extirpating weeds and killing vermin (which he generously refuses to take out a patent for), to record the results of their experience in the journal wherein he makes these revelations.*

He takes the opportunity to mention that a bug potentized up to the 30th dilution will cure bug-bites (which I do not in the least doubt, as I have observed them to be cured by much more insignificant means, viz., by nothing at all); he has moreover found that the bites of other insects are cured by similar means. We may from this discovery of Dr. Hering's be now enabled to guess at the uses of some of those wonderful substances in Dr. Hornbook's laboratory, inventoried by the poet Burns, such as—

“Mite-horn shavings, flings, scrapings,
Distilled per se,
Sal-alkali o' midge-tail clippings
And mony mae.”

Of course the first mentioned must have been employed on this isopathic principle of Drs. Hering and Dioscorides for the cure of the bites of the *acarus* tribe, one of which at least is said to be endemic in Scotland; and the last was beyond all question the isopathic specific for the deadly bite of the sanguinary midge or gnat.

But greater discoveries are revealed in this wonder-disclosing essay of Dr. Hering's. He states that he has *ascertained* that the fluids and solids of healthy individuals (of course duly potentized) have a very powerful medicinal action on the human subject. No doubt the cannibalistic propensities of sundry aboriginal tribes is the instinctive perception of these medicinal properties of the human solids and fluids; and the “cold missionary on the side-board,” prefigured by Sidney Smith as forming an essential part of a New Zealand banquet; doubtless served the guests the same purposes as our fashionable dinner-pill.

In a subsequent communication, dated 1833,^f Dr. Hering reiterates his assertion of the wonderful powers of potentized portions of the human body, and further states that these preparations act chiefly on the corresponding organs of the living human being.

* Arch., xiii. 3, 37.

^f Arch., xiv. 2, 99.

He again asserts that all morbid products, of whatever kind, exert a powerful influence on the diseases that produce them. He mentions leucorrhœal matter as being curative of leucorrhœa, gleet-matter of gleet, phthisine of phthisis, ascaridine of children's vermicular diseases. Still he admits that all these isopathic preparations cannot be regarded as absolute specifics, but only as chronic intermediate remedies, which serve, as it were, to stir up the disease, and render the reaction to the homœopathic remedy subsequently administered more permanent and effectual. This assertion he repeats in 1836,^g and states that he has never succeeded in *curing* but only in *ameliorating* diseases with their own morbid products (with the exception of psora). Thus in a case of occult syphilis, that would not come properly out, after having tried in vain mercury and other antivenereal remedies, he gave syphiline, whereupon a cutaneous eruption appeared, and afterwards a regular chancre, which was perfectly cured by mercury and lachesis.

In the *North American Homœopathic Journal* for November, 1852, Dr. Hering again writes at considerable length in defence of the so-called isopathic preparations. He entitles his paper "the chemical rescue of psorinum." I hoped to have found something in this paper justifying on chemical principles the employment of psorine, but was disappointed to find that the only decided thing on the subject is this: he states, namely, that when the alcoholic solution of the pus out of itch pustules is placed on a watch-glass and allowed to evaporate, small needle-shaped transparent crystals of a cooling pungent taste are left. This salt he believes to be the cause of the morbid effects of psorine; and though he did not analyse it, he believes that it is some combination of sulpho-cyanogen, and he states his intention on some future occasion to ascertain exactly its chemical composition, to manufacture it in the laboratory, and then prove it, when he expects to get similar results to those obtained from the provings of the natural morbid product.^h This is all very vague and unsatisfactory, but

^g Arch., xiv. 3, 146.

^h Twenty years previously (Arch., xiii. 3, 65) he informed us that the chemical analysis of psorine was a desideratum, and that he had not then succeeded in

what makes it worse is, that we are not satisfied from Dr. Hering's statement that the morbid product he obtained was actually what he asserts it to be, viz., the secretion from scabies. He got the matter, he tells us, from some full large yellow pustules, on the fingers, hands, and forearms of a young and otherwise healthy negro, in whom these pustules had been produced by handling some stuff from Germany. He is unable to state whether the characteristic acari were present or no. Now, it is very improbable from this account that the disease of this negro was true itch, for, as far as we know, itch is always propagated by contact with an itchy person, and its eruption, when not altered by art, is a small vesicular not a large pustular one. The circumstance of having obtained a salt as here described proves nothing, for all animal secretions contain salt of some kind or other; and even had Dr. Hering demonstrated that the salt was a compound of sulpho-cyanogen, that again would have proved nothing, as we know that a similar compound exists in several healthy as well as some morbid secretions. Dr. Hering goes on in this paper to give an explanation of the supposed mode of action of morbid products, which he calls *nosodes*. For fear of mutilation, by attempting to abridge it, I shall quote it entire. "Every disorder," he says, "is necessarily accompanied by chemical change in the body. We see that it is so at least, in all those cases which we can investigate, and we think it reasonable to conclude that it is always so. The same phenomenon now appears as when a bar of steel is magnetised, or electricity is excited by friction or otherwise; when one end of the bar is magnetised, the other is found so too, but opposite in quality; if one end is north the other will be south, and *vice versâ*. Positive electricity excites the negative, etc. I have always observed the same thing in disease. If the external skin is alkaline, the mucous membranes will be found acid, and *vice versâ*. If this is not the case with these surfaces it will be found so with other organs; and if the

ascertaining its precise composition; so that it does not appear that "the chemical rescue" of this curious medicine is much further advanced now than it was then.

affection does not appear in the shape of acidity and alkalinity, it takes some other form. But the products of the separate poles mutually neutralize each other. When a disease arises in one organ, the opposite or neutralizing state is excited in another. Up to this time these *nosodes* have only been so far employed as they were soluble in alcohol, that is, only the soluble parts, the salts; they have also been always administered internally, although they appear externally. When the external product acts to neutralize the internal, it may in many cases be the chemical antidote. One follows the other. The existence of both constitutes the disease; the removal of one removes the other, and may also remove the disease. The jars are discharged by the connecting rod, the external is admitted into the interior, and the equilibrium is restored." This is all the promised explanation, or law of the action of the *nosodes* in curing diseases. It is, as must be plain to you all, merely a vague conjecture, and by no means a happy one; for in the chemical and electrical phenomena he has put forward as analogies, there is always some proportion between the amount of the acid and the alkali, of the positive and the negative electricity; there is, however, none betwixt the 30th dilution (that usually administered by Dr. Hering) and the deranged secretion it is to restore. The remark as to the opposite character of the secretions of different parts in disease is certainly of importance if confirmed, but we should like to know the facts that have led Dr. Hering to this conclusion.

Gross, whose homœopathic career has been distinguished by a marked propensity for novelty-hunting, seems to have become at once deeply enamoured of the isopathic theory. He says¹ the *simile* is not exactly the right thing, and that for some time he has been convinced that *æqualia æqualibus* or the isopathic principle is the correct one, and that *similia similibus* or the homœopathic principle is only a makeshift or indifferent apology for the other. Gross's isopathy consists mainly in giving vaccinine in natural small-pox, and in recom-

¹ Allg. h. Ztg., 2, No. 9.

mending it as a prophylactic against the small-pox in place of cow-pox inoculation. He also recounts how that one day, having inflicted on himself a small wound, the idea occurred to him to potentize his blood. He accordingly proceeded to do this in the following manner. He moistened a globule with his blood, and put it into a bottle with 10,000 other globules, and shook all together for a quarter of an hour. One of these globules he then added to 10,000 fresh globules, and likewise shook them together energetically for a quarter of an hour. A globule of this second bottle he administered to a lady who suffered from congestions to the head and chest, and it had the effect of curing her. The same curative result he obtained from this medicine in the case of a young man troubled with hæmoptysis, with similar symptoms of congestion to the head and chest.

Dr. Gross is not the originator of this sanguinary medication. Previous to this, a certain (or rather uncertain) Mr. K. detailed in one of the homœopathic journals how he too had potentized his own blood, and found that it had a direct action on the circulation, and was useful when administered by olfaction in plethoric states and in metrorrhagias; and about the same time another anonymous individual pledges his anonymous veracity that he had seen good effects from blood in two cases of great congestion of blood to the head, with oppression of the chest.

These few instances are, however, the first appearances of human blood as a medicinal agent in our homœopathic literature; its last appearance is of very recent date, as you shall hereafter hear. Elsewhere it has to my knowledge only been recommended for the purpose of transfusion into the veins of anemic individuals; but the blood of various animals was a favourite prescription of ancient medical men, and we learn from Galen that it was prescribed after what we might consider a homœopathic or isopathic fashion. Thus he says the blood of common pigeons, wood-pigeons, and turtle-doves is recommended to be injected into the eyes to remove extravasated blood caused by a blow. He further alleges that the blood of domestic fowls stops hemorrhages of the membranes of the brain, and that the blood of kids mingled

with vinegar cures hæmoptysis. We have seen that a similar employment of blood was recommended by Xenocrates of Aphrodisias, who in addition employed menstrual blood as a remedial agent. Different kinds of blood were employed by the ancients for other affections; but it was reserved for homœopathists to devise the ingenious project of employing healthy human blood as a therapeutic agent.

The plan of preparing and administering the morbid products of diseases, thus happily initiated under the auspices of Drs. Hering and Gross, was not long of finding a champion to systematize the practice. A certain Herr Lux, a veterinary surgeon in Leipzig, published in 1833 a work entitled *The Isopathy of Contagions*, in which he enunciates the following propositions:—"All infectious diseases contain in their infectious matters the remedies capable of curing themselves." The principle upon which these remedial agents act he contends to be *æqualia æqualibus*, and the system he denominates *Isopathy*. Examples of this isopathic principle he asserts are presented by the well-known facts of the cure of frost-bites by snow, of burns by heat, and the restoration of frozen apples by souasing them in ice-cold water. For the cure of the malignant pustule in cattle he recommends a drop of the matter of the pustule to be potentized to the 30th dilution, and a globule of this to be administered; for the rot he advises a drop of the nasal mucus to be treated in the same way, and the same dose given. He cites as further proofs of the correctness of his views the preservative power of the inoculation of cattle with the nasal mucus of animals affected with the rot, and the prophylactic effects of the inoculation of the matter of the plague-bubo against that pestilence. He advises that every species of contagium should be potentized and preserved for use in its respective disease, for, says he, unless it be potentized it is of no use. Among the contagious matters he enumerates are the sheep-pox, the cow-pox, the grease of cattle and horses, the itch of men, the matter of malignant pustule, the pus of chancres, the contagious matter of hydrophobia contained in the vesicle of Marochetti, the lymph of the plague-bubo, even the contagium of cholera (if we can find it—I need

scarcely remark that it has not yet been discovered; indeed Lux admits that it has not yet been found, but says that its discovery is the province of those who are experienced in the observation of pestilential diseases). He states that the cachectic states caused by the abuse of sulphur, mercury, and cinchona bark are best cured by means of sulphur, mercury, and bark; and finally he cites Hering's experiments with psorine in proof of his doctrine. As is usual with persons who once mount a hobby, Herr Lux rides his to death, and not content with potentizing the contagious matters of really contagious maladies, he goes the length of advising the same thing to be done with all the secretions and excretions of men and animals. His advice being asked for the cure of a lap-dog which had a nasty propensity to eat the human faces it found by the wayside—and indeed in Leipzig or any other German town it would have plenty of opportunity to indulge its depraved tastes, for the worthy Germans have rather a fashion of relieving themselves *à la belle étoile*—Lux naturally proceeded to potentize some human fæces and solemnly administered it—in place of a sound whipping—to the nasty cur, with what result we are left to guess. This delicate preparation he denominated *humanine*. He likewise potentized vesical calculi, the matter of glanders, the fœtid sweat of the feet, the saliva of epileptics, and many other similar singular substances. Some of his disciples went to still greater extravagances. I remember meeting an enthusiastic isopathist in Germany who carried about with him a pocket-case filled with every possible excretion from men and animals, healthy and diseased, and not only with such, but other kingdoms of nature were ransacked to furnish the so-called isopathic preparations. Thus he had a medicament entitled *tonitru*—a thunderbolt—which excited my astonishment. I requested to be informed how he had obtained such a formidable medicine, and he informed me that when a flash of lightning struck a stone building it produced a sort of vitrification of the stone; a grain of this was carefully scraped off and potentized as usual up to 30, and this preparation was supposed to contain the healing virtues of the thunderbolt, an excellent

remedy, he assured me, in contusions resulting from violent blows; for, he complacently observed, a thunderbolt gives the most violent blow of anything in nature—a fact I readily assented to.

On the appearance of this book of Master Lux's, Dr. Hering, the original suggester of the heresy, wrote a counterblast against poor Lux, and contended that in all these remedial means there was no question of a deviation from the homœopathic principle; that this was still homœopathy and not isopathy, and that the most that could be said was that the curative agent was a *similimum*, but certainly not an *æquale* or *idem*.

Stapf writes very sensibly on the subject. He says that he can understand the medicinal virtues of the miasmatic contagia of diseases of a constant character, like measles, scarlatina, variola, syphilis, sycosis, psora, anthrax, hydrophobia, and the like, and he thinks, from the testimony of many careful observers, that our *Materia Medica* has been advantaged by the introduction of morbilline, scarlatinine, varioline, syphiline, sycosine, psorine, anthracine, hydrophobine, and so forth; but he cannot imagine the utility, and deplores the introduction of the products of diseases of uncertain character, and consequently he condemns preparations like tineine, lachrymine, cysticine, phthisicine, herpetine, epilepticine, leucorrhœine, gonorrhœine, sudor pedum, etc., which being the products of diseases of no fixed character, and most of them not inoculable, he cannot see the propriety of their being put forward as medicinal agents. He recommends that morbid products, when used for the treatment of the diseases they are the products of, should, when possible, only be used for the patient from whom they are taken, which would certainly be a tedious operation, if we were to potentize each dose up to the 30th degree; but the trouble, says Stapf, is nothing in comparison with the prospect of curing our patient. Stapf cannot admit of the propriety of giving the morbid product of one person to another. He, like Hering, will not admit that the morbid product is an *idem*

but only a *simillimum*, and therefore the practice with these remarkable medicaments is still *homœopathy* and not *isopathy*.

A subject that occupied the attention and inflamed the zeal of so many of his disciples could not be passed over unnoticed by Hahnemann; accordingly we find that he alludes to isopathy on more than one occasion. His observations in the *Organon* are worth recalling to your recollection:—

“It is on such examples of domestic practice that Mr. M. Lux founds his so-called mode of cure by *identicals* and *idem*, which he calls *isopathy*, which some eccentric-minded persons have already adopted as the *ne plus ultra* of a healing art, without knowing how they can carry it out in practice. But if we examine these instances [the cure of frost-bites by snow frictions, of burns by heat, etc.] attentively, we find that they do not bear out these views. The purely physical powers differ in the nature of their action on the living organism from those of a dynamic medicinal kind. Heat or cold of the air that surrounds us, or of the water, or of our food and drink, occasion (*as heat and cold*) *of themselves* no absolute injury to a healthy body; heat and cold are in their alternations essential to the maintenance of healthy life, consequently they are not of themselves medicines. Heat and cold, therefore, act as curative agents in affections of the body, not by virtue of their essential nature (not, therefore, as heat and cold *per se*, not as things hurtful in themselves, as are the drugs rhubarb, china, etc., even in the smallest doses), but *only* by virtue of their greater or smaller *quantity*, that is, according to their degrees of temperature, just as (to take an example from mere physical powers) a great weight of lead will bruise my hand painfully, not by virtue of its essential nature as lead, for a thin plate of lead would not bruise me, but in consequence of its quantity and massive weight. If, then, cold and heat be serviceable in bodily ailments like frost-bites or burns, they are so solely on account of their degree of temperature, just as they only inflict injury on the healthy body by their extreme degree of temperature. Thus we find in these examples of suc-

cessful domestic practice, that it is not the prolonged application of the degree of cold in which the limb was frozen that restores it *isopathically* (it would be thereby rendered quite lifeless and dead), but a degree of cold that only approximates to that (*homœopathy*), and which gradually rises to a comfortable temperature, as frozen sour-crout laid upon the frost-bitten hand, in the temperature of the room, soon melts, gradually growing warmer, from 32° or 33° Fahr. to the temperature of the room, supposing that to be only 55°, and thus the limb is recovered by physical homœopathy. In like manner, a hand scalded with boiling water would not be *isopathically* cured by the application of boiling water, but only by a somewhat lower temperature, as, for example, by holding it in a vessel containing a fluid heated to 160°, which becomes every minute less hot, and finally descends to the temperature of the room, whereupon the scalded part is restored by *homœopathy*. Water in the act of freezing cannot *isopathically* draw out the frost from potatoes and apples, but this is effected by water only near the freezing point. So, to give another example from physical action, the injury resulting from a blow on the forehead with a hard substance (a painful tumour) is soon diminished in pain and swelling by pressing on the spot for a considerable time with the ball of the thumb, strongly at first, and then gradually less forcibly, *homœopathically*; but not by an equally hard blow with an equally hard body, which would increase the evil *isopathically*.

“The examples of cures by isopathy given in the book alluded to—muscular contractions in human beings and spinal paralysis in a dog, which had been caused by a chill, being rapidly cured by cold bathing—these events are falsely explained by isopathy. What are called sufferings from a chill, are only nominally connected with cold, and often arise, in the bodies of those predisposed to them, even from a draught of wind which was not at all cold. Moreover, the manifold effects of a cold bath on the living organism, in health and in disease, cannot be reduced to such a simple formula as to warrant the construction of a system of such pretensions. That ser-

pents' bites, as is there stated, are most certainly cured by portions of the serpents must remain a mere fable of a former age until such an improbable assertion is authenticated by indubitable observation and experience, which it certainly never will be. That, in fine, the saliva of a mad dog given to a patient labouring under hydrophobia (in Russia) *is said* to have cured him—that '*is said*' would not induce any conscientious physician to imitate such a hazardous experiment, to construct a so-called isopathic system so dangerous, and so highly improbable in its extended application, as has been done (not by the modest author of the pamphlet entitled *The Isopathy of Contagions*, but) by its eccentric supporters, especially Dr. Gross, who vaunts this isopathy (*æqualia æqualibus*) as the only proper therapeutic rule, and sees nothing in the *similia similibus* but an indifferent substitute for it; ungratefully enough, as he is entirely indebted to the *similia similibus* for all his fame and fortune."^k

And again, speaking of the different modes of employing medicinal agents, he says:—"A fourth mode of employing medicines in diseases has been attempted to be created by means of *isopathy*, as it is called; that is to say, a method of curing a given disease by the same contagious principle that produces it. But even granting this could be done, which would certainly be a most valuable discovery, yet, after all, seeing that the miasm is given to the patient highly dynamized, and thereby, consequently, to a certain degree in an altered condition, the cure is effected only by opposing a *simillimum* to a *simillimum*."^l

From these passages it will be seen that, without denying the cures of certain maladies by their own contagious principles, the whole affair finds but little favour in Hahnemann's eyes, and the harsh terms in which he speaks of his *fidus Achates*, Gross, seem to indicate that he does not half like the subject. He has a few words more about it in his *Chronic Diseases*, which I shall now read.

^k Organon, Introduction, p. 100, note.

^l Organon, § lvi., note.

"The antipsoric medicines treated of in the following volumes," he says, "contain among them no so-called *isopathic* medicines, because their pure effects—even those of potentized itch-matter (psorine)—are far from being adequately proved, so that a sure homœopathic employment of them may be made. I say *homœopathic*, for *idem* it is not, even though we give prepared itch-matter to the same patient that we took it from, because if it be able to do him good it can only do so in the potentized state, seeing that crude itch-matter, which he has already on his person, is as an *idem* without any action on him. The process of developing the potency (potentizing) alters and modifies it, just as leaf-gold, after being potentized, is no longer inactive crude leaf-gold in the human body, but is ever more and more modified and altered at every stage of its dynamization. Potentized and modified in this manner the itch-matter (psorine) to be administered is no longer *idem* with the crude original itch-matter, but is only a *simillimum*. For betwixt *idem* and *simillimum* there is, if we will only reflect, no intermediate thing, or in other words, betwixt *idem* and *simile* the only conceivable intermediate is *simillimum*. *Isopathic* and *æquale* are erroneous expressions, which if they express anything can only mean *simillimum*, because they are certainly not *idem* (ταυτον)."™

Helbig, the philosophical author of *Heraclides*, makes a few remarks in that work upon isopathy. He starts with the proposition that there is no other method of cure but the homœopathic, and consequently he rejects this new system. "This *pretended* isopathy," he says, "is nothing more or less than a one-sided employment of similarly acting remedies founded upon the cause—an *ætiotherapia*, which must ever be an uncertain method, more uncertain even than that founded upon the symptoms solely (*phenomenetherapia*), uncertain as that is; for," he adds, "the symptoms must complement the causes, and the causes the symptoms, in order to make a perfect (homœopathic) therapeutic system."

Rau of Giessenⁿ confesses that he had at first a great

™ Chronische Krankheiten, 2nd edit. i. p. 188. n Werth d. hom. Heilverf., 116.

repugnance to the isopathic doctrine, but remembering how fourteen years previously he had written fierce articles against homœopathy, which he had reason to repent of the following year, he is unwilling to pronounce a hasty judgment on the subject. But granting that the principle *æqualia æqualibus* is correct and that diseases may be cured by their actual morbid products, he says that the system can only be applied in the case of contagious diseases, that is to say, such diseases as are distinguished by the production of matters, which when brought into contact with the healthy body are capable of producing the same diseases. To this class belong the viruses of chancre, of gonorrhœa, of scabies, the contents of the plague-bubo, the matter of small-pox, the saliva of a rabid dog, the glanders of the horse, and so forth. "It is well known," he observes, "that the infecting powers of different contagia vary very much. Thus the malignant-pustule contagium communicates the disease whether the virus be applied to the surface of the body, or the flesh of the animal that has died of it be eaten, whereas the hydrophobia-virus appears to have no action on the stomach. A substance that has no action on the stomach, from the stomach must be incapable of producing any curative effect when taken into that organ. I would sooner expect to see a curative action from the hydrophobia-virus applied to a wound. The hair of the dog that bit you, in the popular saying, is to be applied to the wound in order to prevent the occurrence of the disease." He does not anticipate any effect from the employment of other morbid products, such as the matter from carious bones, the desquamated skin, etc. He mentions that one of his colleagues in the neighbourhood had been most successful in the treatment of an epidemic of malignant pustule among the cattle by administering small doses of potentized anthracine, and he suggests that the wonderful cure of a case of jaundice related by Dr. Kühlbrand, by the patient drinking his own urine, to which he was irresistibly impelled, may be considered an instinctive example of an isopathic cure. He gives the following theoretical explanation of such isopathic cures. "Contagious matters," says he, "would

not develop a general disease in an individual with whom they come into contact, unless they had a tendency to penetrate from the periphery to the interior. This tendency may be denominated *expansibility*. May not these matters, when introduced into the stomach, exercise this property of expansibility from within outwards, and effect an annihilation of the contagium penetrating from without inwards by reason of being the polar opposite of the latter, just as positive and negative electricity meeting mutually annihilate one another?"

In a later work^o Rau regrets the introduction of this heresy into homœopathy, because he fears that if it is admitted as a part of homœopathy "our *Materia Medica* will soon be polluted with the most disgusting articles;" and he exclaims, "would that we might cover as with a veil all traces of this aberration!"

Thorer^p denounces the isopathic enthusiasm; he considers cures effected with prepared contagious matters as homœopathic. He draws a distinction betwixt the product of the disease and the disease itself. This is no case of *æqualia* he alleges, but of *simillima*. He will not even allow that the employment of a highly potentized medicine in a disease produced by abuse of the same medicine is an instance of isopathy. Moreover, he contends that these so-called isopathic remedies do not cure better if so well as ordinary homœopathic ones.

Dr. Dufrèsne,^q whilst condemning the name of isopathy, speaks highly of the practice, which he considers to be a development of homœopathy and one of the most brilliant and valuable discoveries ever made by the mind of man, and a convincing proof of the identity of the conservative and destructive forces, and a corroboration of the opinion that all pathogenetic agents may be converted into curative agents. He details a case of carbuncle cured by anthracine 10, but how much of the cure is due to the remedy, how much to nature, it would be rather difficult to determine.

Moritz Müller^r attempted to incorporate isopathy with

^o Rau's *Organon*, p. 324.

^p *Prakt. Beitr.*, i.

^q *Bibl. Hom. de Genève (1re Série)*, v. 37.

^r *Allg. hom. Ztg.*, iii., No. 22; viii. No. 8.

homœopathy and to extend the meaning of *simile*, so that it should embrace *æquale*. He acknowledges cures by means of the *æquale*, and says that homœopathy must rise from the very similar up to the apparently identical; by doing so it would lose nothing but its ill-chosen name. He proposes to employ in the next epidemic of variola, vaccinine and varioline, the *simile* and the *æquale*. Nothing seems to have come of this proposition.

Kammerer^s declares that the law of isopathy is as correct as that of homœopathy. He relates two cases where cuprum 30 was efficacious against the effects of copper that had been taken accidentally along with the food, and adduces several instances from popular medicine in support of his views.

J. E. Veith^t considers isopathy as stretching the principle of homœopathy too far. The only isopathic preparation he approves of is auto-psorine; he is decidedly opposed to administering the morbid product of one person to another.

Kurtz^u has a high estimation of isopathy. He considers the sympathetic cures of ancient times to be referrible to this principle, and quotes largely from the writings of Athanasius, Kirchner, Van Helmont, and other writers who employed isopathic remedies.

Genzke, who in addition to being an accomplished physician has a thorough acquaintance with the veterinary art, is a person to whose opinion on this subject great weight should be attached, as the defenders of the isopathic doctrines referred chiefly to observations on cattle for the corroboration of their views. He says^v that the flesh of rabid animals may be eaten with impunity, that the virus of glanders may be introduced into the mouth and stomach of animals without producing any disease. Such being the case, it may be taken for granted that contagious matters will be destroyed by long trituration and by their solution in alcohol. With these there can be no question of a development of potency such as is supposed to take place with medicines. The only contagious matter he has any faith in as a

^s Hyg. iv. 486.

^t Hyg. v. 446.

^u Hyg. vi. 16.

^v Hyg. xi. 243.

medicine is anthracine, for the contagious property of the pustula maligna, whence it is obtained, is in many cases not destroyed by boiling the flesh and by tanning the hide. He doubts, however, the correctness of the recorded cures with anthracine, and would like the testimony of experienced veterinary surgeons on the subject. He relates many cases in which he failed entirely to obtain any action from some freshly-prepared anthracine. Contagia he believes to be animated organisms, which can only be developed under certain conditions, and must be altogether destroyed by being subjected to the same mode of preparation as medicines. Even psorine finds no favour with Genzke. Trinks's suggestion to prove the contagium of hydrophobia he believes to be quite useless, as this virus has no action at all when introduced into the mouth or stomach.

Dr. J. B. Buchner* of Munich passes sentence of condemnation upon isopathy. He says there is a wide difference betwixt the *semina morborum* and the disease thereby engendered; the two cannot be considered as *æqualia*. He would limit the so-called isopathic remedies to the morbid secretions of contagious diseases, and their employment to the individuals from whom they are taken.

The isopathic diversion originated, or I should rather say raked up from the dust and rubbish of antiquity by Hering, encouraged by Gross and systematized by Lux, after exciting a good deal of attention amongst the homœopathic body, partially approved of by some, altogether condemned by others, as I have shown, seems to have gradually died a natural death after being a nine days' wonder, and with the exception of an occasional record of the administration of a dose of psorine, vaccinine, varioline, anthracine, or ozœnine, we hear little or nothing more about it in homœopathic literature for a long time, its most zealous supporters (all except Dr. Hering, who has from time to time made spasmodic efforts to resuscitate it) seeming to have tacitly united to give the subject swift burial out of sight.

* Hom. Arzneiber., 2nd edit., p. 48.

A modification of the doctrine was, however, revived by a Surgeon Herrmann, who in 1848 gave to the world an imposing work of 160 pages, entitled *True Isopathy; or, on the Employment of the Organs of healthy Animals as Remedies in Diseases of the same Organs in the Human Subject*.

This work had been preceded by several articles from Herrmann's pen in the homœopathic journals, introducing first one and then another of his isopathic preparations, until at length having constructed a complete pharmacopœia of these wonderful substances, he thought it but right to give to the world his lucubrations in a separate form. Hence the book whose title I have just quoted.

Herrmann's principle is to employ for the disease of any organ a tincture of the analogous organ in some inferior animal. Thus *hepatine*, or a tincture of the liver of a fox or dog, is the remedy for all diseases of the liver, including subacute inflammation, jaundice, constipation of the bowels, and hydrophobia, for in Herrmann's pathology hydrophobia is nought but a disease of the liver, and the *hepatine* we administer may be made indifferently from the liver of a healthy or a rabid fox or dog. I may remark that about a dozen years before the appearance of Herrmann's book, a case was cited in favour of Lux's isopathic doctrines, where a father and son, after having been bitten by a rabid dog, were wonderfully preserved from hydrophobia by eating the roasted lungs of the dog that bit them. Here it is the lungs to be sure, but Herrmann's prescription of the liver is by no means original, for, as we have seen, Xenocrates, Dioscorides and Durey recommend roasted dog's liver for those bitten by a rabid dog. But to return to Herrmann and his book. *Lienine*, or tincture of dog's spleen, is stated to have cured within ten months two cases of enormous enlargement of the spleen. *Renine*, or tincture of kidney, was repeatedly found to be of wonderful service in spasmodic retention of urine. *Pulmonine*, or tincture of lungs, is stated to have proved useful in cases of pneumonia where phosphorus and carbo had failed; and to be a valuable resource in cases of hæmoptysis.

Dentine, or tincture of teeth, will spare us having recourse to the dentist, and so on with many more similar absurdities. The mode of preparation of these wonderful remedies is to cut the organ into small pieces and digest it in alcohol for a week. The dose is from the pure tincture up to the 12th dilution every six hours or oftener.

Although Gross, as usual, came forward to bear his valuable testimony to the efficacy of Herr Herrmann's system, which might have been expected, for if ever anything extravagant or absurd was brought forward under the ægis of homœopathy, Gross was always ready to step forward and put his seal to it, yet the reception it got from the homœopathic world in general was anything but flattering to its author's vanity. Dr. Genzke thought it worth while to show the absurdity and illogical character of Herrmann's views, and to expose the shallowness of his arguments and the utter worthlessness of the cases brought forward in proof of his system.* It need scarcely be pointed out that Herrmann's system, which he would fain represent as a perfectioning of homœopathy, has nothing at all in common with Hahnemann's system, that it wants altogether the basis of physiological experimentation so essential to homœopathy, and that it is a mere clumsy attempt to revive the doctrine of signatures under a most irrational and repulsive form.

Recently, however, the isopathic preparations have again excited some attention, not only from their late defence by Hering already alluded to, but also by their having formed the subject of an essay read at the German Homœopathic Congress (held at Frankfort, August, 1852) by Dr. Brutzer of Riga.

This essay, which has since appeared in the *Allg. hom. Ztg.*, 44, No. 13, contains some wonderful cures effected by isopathic remedies. *Odontonecrosin*, or the preparation of carious teeth, is said to be so efficacious in almost all cases of toothache as almost to supersede all homœopathic remedies; this wonderful substance is used in the

* Hygeæ, xxii. 1.

12th, 18th, and 30th dilutions. A young man who had long been affected with condylomatous excrescences on the glans penis and prepuce, which had resisted all allopathic and homœopathic remedies alike, was quickly cured by a dose or two of syphiline. I should have thought sycosine had been the proper isopathic remedy; still, seeing that Hering's dilutions of certain pustules of a negro cured all manner of skin diseases of quite different pathological natures, it is not to be wondered at that Dr. Brutzer's syphiline should cure sycotic excrescences; these isopathic preparations seem to accommodate themselves remarkably to the pathological views of those who administer them. A lady had long suffered from peculiar headaches that would yield to no homœopathic remedy, but her own blood duly potentized cured her readily. It is something to know from this case that blood is isopathic to a headache. A man of phthisical habit got a great humid and scabby eruption over the legs, which was quite cured in I don't know how many months by frequent doses of his own potentized scabs and scales, alternated with the ordinary homœopathic remedies. The latter of course went for nothing in the treatment, which is a brilliant illustration of isopathic practice. A lady had cancer of the breast, which was excised and she diligently plied with globules prepared from the secretion from her late cancerous tumour, and though the cancer returned, yet Dr. Brutzer has not a doubt her life was prolonged by the isopathic treatment she underwent. Another lady, who had *carcinoma uteri*, died not *of* though *with* that disease, but of *nervous apoplexy*. This result was brought about by giving her a course of *auto-cancerine*, though I am at a loss to see why a patient with *carcinoma* should not die of nervous apoplexy just as well as any other person, and I cannot see that death by nervous apoplexy was a highly desirable result to bring about, nor an illustration of a masterpiece of artistic skill. A lady who suffered from epileptic fits and in whom the catamenia were absent about three months, had the latter restored by a dose of the 8th dilution of healthy menstrual blood. The report does not say if any effect was produced on the epilepsy. I have laid before you an abstract of Dr. Brutzer's cases to

give you a specimen of the ineffable trash that is attempted to be palmed off upon us in justification of some of the extravagances of the isopathists.

In an essay⁷ published this year (1853), Dr. Käse-mann gives us his notions on the subject of isopathy. He considers that when we give to patients the actual substance that is capable of exciting the very disease they are suffering from, and still more if we give them as medicine the contagious morbid product of their own disease, it is a refinement of sophistry to call this *homœopathy* or the cure by the *simillimum*; it is, he says, undoubtedly *isopathy* or the cure by the *idem*. Where, however, we give for the cure of a disease a contagious morbid product that cannot produce this disease, but only a similar disease, in this case we cure by homœopathy and not by isopathy. He gives the histories of several such homœopathic cures by means of anthracine. This substance could of course only be employed *isopathically* in the pustula maligna, but the cases he mentions as having benefited by its use are cases of carbuncle, abscesses, and gangrene.

In conformity with the object I proposed to myself at setting out, I shall now proceed to inquire respecting the isopathic doctrines, in how far they are to be viewed as consistent with theoretic probability, and how far the practice is borne out by experience; and at the outset of our inquiry we may at once set aside Herrmann's theory of true isopathy as altogether unfounded in reason or nature, for no arguments having the slightest claim to validity are brought forward in its support, and no facts worth attention are adduced by its author to substantiate his views. It is obvious that, even if true, there is a practical difficulty attending the application of it which would be a serious objection to its employment. Thus it is necessary that we should in every case be enabled to fix beforehand on the organ or part whose disease is the cause of the symptoms present, before we could venture on the giving of a Herrmannic isopathic remedy, a matter difficult in most and impossible in many cases. Again,

⁷ Hom. Vierteljahrsch., iv. p. 11, et seq.

there are no rules given to enable us to fix on the appropriate animal from which we are to obtain the healthy organ to be used for the cure of the patient, supposing we had discovered the organ primarily diseased in him, and accordingly we find in Herrmann's book the organs of foxes, wolves, dogs, sheep, and swine arbitrarily selected for supplying the remedial agent. But I waste too much time on such a childish and flimsy system of practice.

I must also exclude entirely from having any claim to isopathic practice the proposal of Hering and others to give the morbid products of non-contagious diseases and the morbid matters excreted by some contagious diseases, which do not, however, contain the contagious principle of the disease ; for it is self-evident and has been proved by numerous experiments that these matters are not capable of producing the disease in healthy individuals. The stools and vomited matters of cholera patients, the black vomit of yellow fever, the buboes of plague, are among the morbid products of contagious diseases, of which we have not the slightest evidence that they are capable of producing the diseases whence they are derived. The matter of leucorrhœa, the ichor of carious bones, the sputa of phthisical patients, the pus from various ulcers, the scrapings of erysipelatous parts, and so forth, are quite incapable of propagating their respective diseases, and having no pathogenetic can also have no therapeutic powers. All these and the like must therefore be removed entirely out of consideration, as they do not bear out the isopathic doctrine, and there is no evidence that their ingestion is of the slightest use ; rather does their use seem to be the offspring of a prurient imagination or a most perverted pathological creed, and let it be said to the credit of the good sense of homœopathists that their use has never extended beyond a few whimsical and fantastic individuals, and the sooner they are consigned to the limbo of forgotten things the better ; none will regret their absence from our *Materia Medica*.

The only possible isopathic agents properly so called are the actual infecting agents of contagious diseases,

and these infecting agents we find to reside in sundry morbid products differing in different diseases. Thus in small-pox the infecting principle resides in the matter contained in the pustules peculiar to that disease. The infecting principle of measles is contained in the blood, as the experiments of Home prove; the purulent discharge of acute gonorrhœa is undoubtedly infectious, the pus of the chancre is so likewise; the matter of ophthalmia neonatorum contains undoubtedly a contagious principle, the nasal mucous secretion in glanders is contagious, and so is the matter of malignant pustule, and so forth. Therefore it is with respect to these and similar matters only that the isopathic principle can be applied, for they alone are capable of inducing in the healthy the disease to which they owe their origin. But the question now falls to be considered, can we admit the truth of the isopathic principle as a rule of cure? Theoretically and by analogy I have no difficulty in doing so. For the part suffering from preternaturally depressed vitality, the consequence of over-stimulation by some agent, as I have shown disease to consist in, there cannot theoretically be a more appropriate stimulant than the very agent capable of producing the same state, given in regulated doses; as in the case of the cure of burns by heat and frost-bites by cold.

Thus there is nothing inconsistent with the views I have expressed respecting the curative process in admitting the possibility of cure by an agent capable of producing the same disease. Let us see, then, if there are any undoubted instances of such cures being effected. I have already instanced heat and cold as the curative agents for diseases produced by the same agencies respectively. In searching through the homœopathic records, I find a good many cases of measles which apparently recovered very quickly under the use of morbilline; but measles is a disease of that nature that we should not be surprised to see nine cases out of ten recover perfectly and rapidly, without any medicinal treatment. It is otherwise with the treatment of variola with varioline and vaccinine. Not to mention several other pretty well-marked cases, we have the evidence of Schnappauf, backed

by Trinks,² relative to the great modifying action of varioline in numerous cases of small-pox. In these cases there could be apparently no question as to the decidedly beneficial influence exerted by the remedy on the course of the disease, and I myself have had an opportunity of verifying this remedial action of varioline in the case of a pretty smart attack of natural small-pox in the Hahnemann Hospital, where the modifying influence of the varioline, the only remedy used, was very apparent upon the development of the pustules and the prevention of any suppurative fever.*

I find also in the pages of an allopathic journal (*The New York Journal of Medicine*) an account of the treatment of several cases of very severe small-pox by means of vaccine lymph dissolved in a large proportion of water. The physician, Dr. Nogueira of Porto-Alegre, in Brazil, speaks highly of the efficacy of this treatment, and says he was led to the practice by reflecting that belladonna, so efficacious in the treatment of scarlatina, was also a preventive of it; and reasoning from analogy, he thought that vaccine matter, as it was a preventive, might also be a remedy for the small-pox. The result justified his expectations, and his patients made very rapid recoveries without any other treatment whatsoever, and the usual disfigurement was not produced.

The curious observations of Drs. Auzias and Sperino with regard to that method of cure for syphilis which they term *syphilization*, whereby they imply the repeated inoculation of the patient with chancreous pus until the inoculation will no longer produce any effect, if authenticated as to its pretended curative results, may be taken as a genuine specimen of isopathic treatment.

A few years since I met in Germany an extensive landed proprietor, who had many sheep and oxen under his care. On one occasion the rot or some similar disease broke out among his sheep, and as he was a bit of a homœopathist, being in fact a retired homœopathic practitioner, he commenced treating the animals homœopathically, but finding his success but small, he bethought himself

² Brit. Journ. of Hom., ix. p. 470.

* This case is recorded at length in the Brit. Journ. of Hom., vol. x. p. 262.

of isopathy, and accordingly he collected a few drops of the highly infectious morbid product that was developed in the course of the disease, and with milk-sugar he prepared a first trituration of this, and the sheep that afterwards fell ill he treated with this remedy alone, and all recovered. Lux in his book mentions similar cures by means of the matter of glandered horses and of the malignant pustule.

Many cases are on record of the aggravation or production of cutaneous diseases by the administration of psorine, or the supposed infectious matter of psora or itch. But the remedy administered in many of these cases was not what its name indicated, but the morbid product of the patient's cutaneous disease, dynamized as it is called—what Hering has denominated *auto-psorine*. It is very possible that in many cases the cutaneous affections whence this so-called psorine was procured were contagious forms of exanthema, and probably many different varieties of cutaneous diseases were used for its preparation. I have carefully looked through the records of many of these cases, and amid a mass of cases that show actually no result whatever from the administration of the remedy, some are certainly to be met with here and there, where an effect seemed to follow its administration, generally an aggravation or even the development of a cutaneous eruption. Although I am very much disposed to doubt that the contents of the true scabious vesicles contain any infectious or morbid agent whatever, yet it is quite possible that the acarus which propagates the disease contains some venomous substance which causes that peculiar itching so disproportionate to the apparent exciting cause. It is therefore perfectly consistent with my ideas that the triturated acarus, like the triturated bug or the triturated meloë, may be capable not only of producing pathogenetic effects but of curing certain maladies; but we have absolutely no evidence whatever to prove that the disease scabies, properly so called, can be cured at all by the dynamized acarus, or indeed by any other method than one that effects the destruction of the acarus itself. The psorine, I may observe, that has been prepared from cases of alleged scabies has never, that I am

aware of, been prepared from the insect, but always from the contents of the vesicular eruption present, and whence taken we are not informed (except indeed in Dr. Hering's case, which was a very doubtful case of scabies), though that is a point of importance, for it is now well known that the peculiar itch-vesicles are confined to distinct portions of the body, such as the fingers, wrists, and ankles, and that the eruptions on other parts are the result of the patient's own scratching.^b An attempt has been made by Stapf to prove psorine, but the symptoms obtained are insignificant, and are very little attended to by psorine-givers in the administration of their favourite remedy.

From what I have said and admitted respecting isopathy, so called, it is obvious that I cannot hesitate to admit it to be a method of treatment to a certain extent; not certainly to the extent claimed for it by its ardent supporters, such as Hering, Gross, Lux, Brutzer, and Herrmann, but still as worthy of consideration in the practice of physic. Isopathic agents should, in my opinion, be strictly limited to really infectious morbid products, and when possible the morbid product of the patient himself should be employed, but when that cannot be procured, I see no serious objection to the administration of the morbid product taken from another individual. Thus varioline, vaccinine, morbilline, etc., may be employed at the commencement of the respective diseases of which they are the morbid product and the contagious principle. I do not see any force in Genzke's objection to the dynamizing or diluting of these substances, for there is no proof, as he alleges, that they are organized matters which must be destroyed by any processes of trituration or dilution; on the contrary, I believe them to be quite distinct from the organized matter with which we find them associated in morbid products, and that they can exist independent of any such substratum we have ample evidence from the occurrence of infection or contagion by means of clothes or other foci, and often by the mere emanations from the patient. It is a well-known fact that the

^b See papers by Hebra, in *Cent. Jahrb.*, 1844.

contagious pus, serum, lymph, etc., that have been subjected to the most searching chemical analysis and microscopic inspection, differ in no appreciable manner from the analogous substances of other diseases of a non-contagious character. These facts prove to my mind that there can be no rational objection to these infectious morbid products being treated the same as other medicinal substances. However, as with the latter so with these, I think the suitable dose is the largest we can give without the chance of causing accidents or exciting disturbing effects. A grave question with regard to the employment of isopathic agents, however, falls to be considered, and that is the following:—It is well known that many of these contagious morbid products are only capable of exciting their peculiar diseases when applied to certain parts or structures of the organism, and that they are absolutely innocuous if brought in contact with other parts. Thus the saliva of rabid dogs may be swallowed with impunity, and the bodies of many animals that have died of contagious disorders may be eaten with perfect safety. The matter of a gonorrhœa may be inserted into a wound of the skin without exciting any particular phenomena, and the pus of a chancre may be applied to the mucous surfaces without developing syphilis. Such being the case, can all these and other morbid viruses act by being taken into the stomach? This is a question that experience alone can decide conclusively; but reasoning on the subject, one would think that the morbid viruses would only act by being applied directly to the parts for which they have a special affinity. However, it may be that when diluted, after the Hahnemannian fashion, they may be rendered capable of acting by sympathy or absorption on those parts for which they show their peculiar affinity, the susceptibility of which for their peculiar stimuli is, we know, enormously increased by their morbid state. My own experience of the action of isopathic agents, viz., in the case of varioline for small-pox, would seem to show that the isopathic agent will act and that well, without being applied to its usual seat; but, then, in the case of variola we have a general disease, which involves the whole system, and the mucous membrane of the mouth,

whereto we apply the isopathic remedy varioline, cannot be said to be insusceptible of the variolous action, for we know that it is often, if not generally, the seat of the pustules of that disease. The case may be otherwise with more purely local diseases, such, for example, as gonorrhœa, the infectious pus of Egyptian ophthalmia, etc.

Before concluding this lecture I may allude to a case which occurred in my practice, before I knew anything about homœopathy, in which I employed a method of treatment that savours strongly of isopathy or rather, I should say, of homœopathic treatment by means of a natural morbid virus. When I was in practice in Liverpool, some ten years ago, a girl of about twenty consulted me on account of her eyes. The eyelids were much thickened, and their conjunctiva was thickly studded over with large flattened granulations, which secreted a considerable amount of purulent matter in the course of the day. The corneæ were very vascular all over, the red vessels traversed them from top to bottom, and the upper two-thirds were quite opaque. Vision was most imperfect; she could scarcely see to grope her way in the streets, and what aggravated her blindness was the photophobia that attended the complaint, which completely prevented her opening her eyes at all in a strong light. She informed me that her eyes had been bad ever since having the measles in her infancy. She never recollected seeing distinctly. She had been under almost incessant treatment. She had had leeches innumerable, blisters uncountable; her eyes had been burnt with all sorts of caustics. An eminent oculist had repeatedly cut off the large granulations on the conj. palpebrarum, and she had used every imaginable kind of collyrium. The eyes were occasionally a little better, but always after each temporary amendment became worse than before. Her state was to her intolerable, and she was prepared to submit to anything for the chance of a cure. The state of her eyes had completely prevented all education, and needlework was an occupation which she could never see to do, not even the coarsest kind of it. Having read Piringer's book on Ophthalmo-blennorrhœa, wherein he recommends such cases to be treated by

inoculation with the matter of infectious ophthalmoblennorrhœa, and having seen a somewhat similar case so treated and with success by this method, under Jaeger of Vienna, I proposed to this girl to treat her in this manner, explaining to her fully the violent character of the remedy. She willingly consented to undergo the treatment, remarking that she might just as well be without eyes as with the useless and troublesome ones she possessed, and proposing to stand the risk for the chance of the cure. The treatment I proposed was to inoculate the eyes with the matter of ophthalmia neonatorum. This disease, which seems to be identical with Egyptian ophthalmia, very often produces a state precisely similar to that presented by the eyes of this unfortunate girl, viz., granular conjunctiva and pannus, or vascular opacity of the cornea. I introduced into one eye a small portion of the fresh matter taken from the eyes of an infant with ophthalmia neonatorum, and in due time this ophthalmoblennorrhœa set in with the greatest violence. The eyelids swelled tremendously, so that for more than a week I was unable to perceive the condition of the eyes themselves. The quantity of pus that flowed from the eyes was immense; and I confess that, notwithstanding the assurances of Piringer respecting the harmlessness of the process, I trembled for the safety of the eyeballs. I was much relieved when, in due course of time, the purulent flow declined, the swelling of the eyelids diminished, and I was enabled to get a view of the cornea, which, to my delight, looked bright and without a trace of vascularity or opacity. On the complete cessation of the blennorrhagic process, the eyes presented a perfectly healthy appearance, all the granulations of the conjunctiva were gone, and both corneæ were as clear and pellucid as if they had never been affected. All the photophobia was gone for ever, and the girl might be said from that date to enter on a new phase of existence. For nearly a year afterwards I had an opportunity of observing the eyes, and they remained perfectly healthy, and the poor girl, from having been a burden on her friends and a source of constant misery to herself, was enabled to learn to read and work, and make herself useful in her humble sphere

of life. In this case we have an instance not exactly of isopathy, but of homœopathic treatment by means of a morbid process capable in itself of developing a state similar to the condition to which the eyes had been brought by means of another kind of ophthalmia. I should have mentioned that the girl had previously been long under homœopathic treatment without benefit. In this case the quasi-isopathic agent was not given internally, but applied to the seat of the disease; and I doubt very much if any amount of administration of the ophthalmo-blennorrhœic matter by the mouth would have been of the slightest use in this case, the cure being evidently owing to the intense suppurative disease having, as it were, consumed up all the combustible matter it found in those very morbid eyes, and thus a disease, which when inoculated into the healthy eyes is fraught with the greatest danger, proved innocuous to the healthy structures of the eyes, on account of the great extent of the morbid tissue with which they were united.

Hahnemann, it will be remembered by most of you, has a number of paragraphs in his *Organon*, from § xliii. to § l., where he treats of the homœopathic cure of certain maladies by the miasm of certain others having a pathological affinity to them, and probably such cases of natural homœopathy are more allied to the case I have just recited than the isopathic cures formerly alluded to.

The employment of a natural morbid process for the cure of a totally different malady is not new in medicine. Thus the cow-pock disease has been employed successfully for the removal of those deformities called telangiectasies or vascular nævi. I don't know who introduced this practice, but I have myself practised it on more than one occasion with perfect success. The plan is to make numerous punctures all over the surface of the tumour, and into these to introduce the vaccine matter. The vesicle, in its development, seems completely to destroy the vascular structure, and nothing remains behind but the usual vaccine scar. In this way I have removed two such tumours, one on the eyelid, the other on the thigh.

The isopathic heresy, with its innumerable divergences

and extravagances, has brought no small amount of ridicule upon homœopathy, and has been eagerly seized on by some of our opponents as a proper mark for their wit and satire. But in truth examples of isopathic treatment are not wanting in the records of allopathic medicine, and even in our own day we have witnessed the administration of isopathic remedies by distinguished men in the ranks of our opponents. Thus ox-gall pills were lately a fashionable remedy in bilious derangements; urea was given by Fouquier and Laënnec, in doses of two scruples at a time, as a diuretic in dropsy—with the greatest success, it is asserted; and it is a very common and effectual mode of curing drunkenness in Sweden, to compel the subject of this vice to eat and drink everything mixed with spirits, whereby he soon gets sickened for ever of his once favourite beverage.

The disgusting character of many of the preparations introduced into our *Materia Medica* by the isopathists has been particularly held up to public condemnation by our adversaries, but it should be remembered that in times gone by preparations of the same nature were in great reputation as remedial agents, and some of the foulest of them were retained in the allopathic dispensaries until a very recent period. A few of these may be mentioned as specimens. Dioscorides, Galen, Paulus *Ægineta*, and others, make mention of various excrementitious matters useful for the cure of diseases, among which we find the dung of dogs, children, wolves, sheep, oxen, pigeons, fowls, storks, mice, starlings, and crocodiles; the urine of men, boys, mules, goats, and camels; again we find such delectable remedies prescribed by the wisdom of our ancestors as bugs, lizards, earth worms, locusts, serpents' slough, the blood of various animals, spider's web, soot, burnt hair, sweat, etc., and these delicacies were given in palpable quantities with their full natural flavour attached to them, not frittered away by infinitesimal dilution into the colourless and insipid preparations of our modern isopathists.

I cannot resist quoting here a portion of a satire upon the vile remedies of ancient physic, which Schrön has happily rescued from oblivion:—

"Non tamen ullus adhuc, ut membra reduceret ægri
 Corporis ad normam, formicarum ova comesse,
 Aut cum lumbricis argenti pocula vivi
 Sumere visus erat, cineremque ex dente lupino.
 Ignorabantur cancri fluviatilis exta;
 Nemo bombycum sanum se stamine, nemo
 Testibus hædorum voluit. Quid nominis album
 Græcum, quas vires hircorum sanguis haberet,
 Fel aquilæ cerebrumve, lien vel tostus echini,
 Vel canis ustus adeps, latuit felicius omnes.
 Incolumes ut adhuc gaudebant simplici victu,
 Sic se curabant usu quoque simplicis herbæ.
 Sed jam nulli operæ, pretis fruticique marino
 Parcitur. Ignotæ procul et trans æquora lectæ
 Radices magno sumtu votoque petuntur.
 Cachunde et China et Guajacum, barbara dictu
 Germina, quis veterum sumsit? Quis noverat usquam
 Crescere? Conteritur propinaturque corallum.
 Post asini aurículas longum hoc mobile sanguis
 Elicitur bibiturque avidæ, nec non aqua pastæ
 Anguillæ, colubri mæchæ, et cum spermate ceti
 Lampridum expressus nitida putredine succus.
 Non, mihi si centum lingus, præcepta medendi
 Enumerare queam, lentoque dolore necandi:
 Quæ Phalarim scripsisse putes, dictasse Perillum.
 Pulvis Trithemii, et bufonum salque lacertæ
 Mistaque ranarum putrefactis viscera corvis!
 Ichneumon Pharius coquitur, stomachoque ministrant
 Arida Tartareas purgando dolia crustas.
 Nil hærens inter sacrum saxumque Bathyllus
 Horrebit. Quævis afflicto opsonia præbe;
 Ut morbum expellat, crocodili stercora linget."

Nor are such delicate preparations confined to the remote antiquity of physic, for, as Professor Henderson has pointed out in his recent defence of homœopathy against Professor Simpson's laboured attack,^d that eminent physician Hoffmann has stamped with the seal of his approbation a number of filthy preparations, if possible exceeding in their disgustingly repulsive character any of those enumerated above. If, then, our opponents will insist on raking up the infinitesimal dirt that some unacknowledged, self-styled homœopathists have chosen to introduce into our previously *pure* *Materia Medica*, we are prepared to meet them on their own terms, and we need but to stir up the great dunghill of their own *Materia Medica* to raise a stench under their nostrils that shall for ever make them repent of having begun the combat with such foul weapons.

c *Medicinæ gloria*, per Sat. 22 ass. auctore Jac. Balde; Monachii 1651. Sat. tert., v. 48, c. 5.

d *Homœopathy Fairly Represented*, p. 168.

LECTURE VII.

ON THE PROVING OF MEDICINES.

HAHNEMANN having, by his simple and rational experiment with cinchona bark in 1790, conclusively established the great therapeutic law, that to cure diseases medicines must be used which possess the power of exciting similar diseases, at once perceived that the whole edifice of the old *Materia Medica* must be rebuilt from the very foundation, as that *Materia Medica* furnished nothing positive regarding the pathogenetic actions of drugs, but was composed almost entirely of supposititious accounts of the virtues of drugs, principally derived from the empirical employment of these drugs in disease. If you would read a masterly exposure of the weaknesses of the ordinary *Materia Medica*, I cannot do better than refer you to two essays of Hahnemann's, which you will find in the collected edition of his *Lesser Writings*. These are the essay on *The Three Current Methods of Treatment*,^c and that entitled *Examination of the Sources of the ordinary Materia Medica*.^f

It is sufficiently obvious that the inevitable corollary from the axiom "that to cure diseases we must select medicines capable of causing similar diseases" is, "in order to be able to practise successfully, we must ascertain what morbid states the different medicinal substances produce." Hahnemann accordingly, after viewing the subject in every possible light, and examining carefully every method that had been proposed for ascertaining the action of drugs, came at last to the conclusion that the only way to do this is "to test the medicines singly and alone on the healthy human body."

Hahnemann now began to search diligently all the records of medicine, to see if he could find examples where the various medicines had been so tested, and to try them

^c *Lesser Writings*, p. 592.

^f *Ibid.*, p. 748.

on his own person, in a desultory and unmethodical manner however, as the results he has recorded of his researches and experiments for the next six years show.⁵ The conclusion to which Hahnemann came, that medicines must be tested on the healthy body before they can be properly applied in disease must have been attended with feelings almost akin to despair, when on examining the records of medicine he found so little of a positive nature was known concerning the pure action of drugs, and when he became convinced that the whole business of testing medicines on the healthy had yet to be done. We can well imagine the feeling of despondency that must have taken possession of him when, after ransacking the archives of his art, he found absolutely nothing that could avail him in practice. How can one man's life, he would naturally think, suffice to construct a pure *Materia Medica* according to the only principle upon which such a work can be formed? Will not the experiments that must be performed for this end completely ruin the health of him that undertakes them? What number of medicines can be tested in this way within a moderate period of time? How are diseases to be treated at all until a considerable number of medicines are thus proved? In searching through the records of medicine I find, from the accounts of cases of poisoning by various medicinal substances, many facts which strengthen still more the convictions I have acquired; but will these accounts of poisonings suffice to guide me to the selection of the remedies for the diseases I meet with? I shall arrange what I can collect on this important point, and add to the symptoms detailed in the records of poisonings the results of those desultory experiments I have myself performed, and see what pictures of diseases these can afford me. Thus I find it recorded of *arnica*, that it causes nausea, uneasiness, anxiety, peevishness, headache, oppression of the stomach, empty eructations, cuttings in the bowels, and frequent scanty evacuations, with straining. Now in this autumn season we have an epidemic dysentery very prevalent, which presents just these symptoms of

⁵ *Essay on a New Principle.*

arnica. Let me see what arnica will do for its cure. As I expected, arnica proves itself specific, and cures the disease without requiring any other medicine whatsoever, in doses of from four to fourteen grains, according to the age of the subject. Arnica is therefore the specific remedy for this dysentery, and that by virtue of its power to cause a similar affection.^h Here is a patient suffering every morning on waking from an anxious feeling in the stomachic region, which, in the course of a few hours, involves the chest, causing tightness there, sometimes amounting to complete loss of breath; in the course of a few hours the affection attacks the larynx, and suffocation becomes imminent (swallowing solids or fluids being impossible); and as the sun declines it leaves those parts, and becomes confined to the head, with timorous, hopeless, suicidal thoughts, till about ten o'clock, when he falls asleep, and all the morbid symptoms disappear. This case reminds me forcibly of the effects of veratrum, as noticed in the cases of poisoning by that powerful drug. Veratrum therefore is evidently the remedy for this case, and see! a few grains of it given every morning, suffice to cure this annoying complaint in a very short time.ⁱ And thus he went on for some time, attempting to find parallels for the diseases that presented themselves in the records of poisonings by medicines, and endeavouring from these same records to determine *a priori* what morbid states they would be useful for; occasionally, when doubtful of the exact action of the drug, eking out its pathogenetic action by swallowing an uncomfortably large dose himself, and observing what symptoms resulted. However, after going on in this way for some years, occasionally making lucky hits in finding exact parallels of medicinal and morbid actions, he at length discovered that, after all his trouble, the symptoms he could cull from the cases of poisoning were so vague and indefinite, that at the best he should by this plan never be able to arrive at anything better than an *approximation* to a certain choice of the specific drug; that, in a word, these slovenly detailed cases of poisoning, most of which

^h Essay on a New Principle, Lesser Writings, p. 314.

ⁱ Ibid., p. 340.

had been disturbed and deranged by the administration of equally violent so-called antidotes, would never do to found a method of treatment on. He saw clearly that there was nothing for it but to test each medicine individually on the healthy body, and carefully notice the exact morbid picture or pictures it developed, that so parallels might be obtained, not only for striking and simple general morbid forms, but also for every variety of disease that presented itself in actual practice.

If, thought Hahnemann, I can induce a number of my medical brethren to join me in testing medicines on our healthy bodies, there will then be some chance of our being able to obtain in a reasonable space of time a considerable number of well-known curative tools with which to work upon diseases. Acting on this thought, he wrote some earnest essays in *Hufeland's Journal*, setting forth his new opinions and forcing them on the attention of the profession by the most conclusive arguments and the most striking illustrations. He urgently entreated them to join him in his proposed reform and perfecting of the *Materia Medica*, and appealed to them to assist in the glorious work with the utmost confidence of their ready response.¹

Alas! for the boasted zeal and earnestness of the members of the medical profession, Hahnemann's appeal met with nothing but derision and contempt from his colleagues. None, not one, saw the utility of putting himself to inconvenience for the purpose of ascertaining the powers of the instruments he was hourly called upon to use in cases of life and death. One and all were perfectly satisfied with the traditional system they and their ancestors had practised; all were content *stare super vias antiquas*. Again and again did Hahnemann appeal to them, and again and again did he receive the same supercilious treatment. Hahnemann, whose whole soul was fired with enthusiasm for his profession, and whose only aim was so to perfect his art as that it should be a means of curing diseases more perfectly, effectually, and speedily than it had hitherto done, could

¹ Essay on a New Principle, etc., Lesser Writings, p. 295; and On the Obstacles to Certainty and Simplicity, etc., *ibid.*, p. 358.

not understand this apathy.* Do these men, thought he, really believe that the system they and their ancestors have pursued from time immemorial is a rational, an efficacious one? I shall soon show them their mistake. With that he wrote an essay¹ pointing out the glaring inconsistencies and absurdities of the old system, and showing clearly what must be done in order to render the art a certain and successful one, in place of a scientific deformity as it was. Simple-minded Hahnemann, better had it been for your own peace of mind had you held your tongue altogether than thus attack a time-honoured system. Joe Miller tells a story of a lady who received with wonderful equanimity all kinds of abuse until the abuser ventured to call her *ugly*. This fair lady did not resent the insult with greater bitterness than did the aggrieved partisans of Galenic medicine that offered to them by Hahnemann. Hahnemann had dared to expose the ugliness of their system, the foul-mouthed calumniator! No quarter must be given him. Hahnemann was not a little surprised to find that the sole reply vouchsafed to his scientific criticisms was abuse, scorn, contumely. He could not understand it—Dear Master,

“How green are you, and fresh in this old world.”

He attributed the outcry against him to jealousy of his discoveries. That it was not, but rage that he had exposed the deformity of his enemies in all its hideous nakedness. This could never be forgiven him; Hahnemann was henceforward a marked man. Luther might advance his own peculiar theological opinions, comparatively little notice was taken of him, but when once he began to

* In later years he was so well aware of the fruitlessness of hoping for anything from the zeal of the great body of medical men, that when his disciple Stapf proposed to appeal to the profession at large to assist in the proving of medicines, “Your plan,” says he, “is well meant but impracticable. We should be laughed at for our request, or even treated with contempt. Which of our every-day colleagues would undertake such laborious trials? when he can tap on his well-filled prescription-book and exclaim, ‘Thou art my comforter! I am never at a loss to prescribe when I have thee. However things may turn out with the patient I am safe: these are prescriptions of the great masters; I prescribe them, no one can blame me.’ In all eternity you would never succeed in elevating these gentry to our pure views,” etc. (*N. Arch.*, i. 1, 161.)

¹ *Æsculapius in the Balance*, Lesser Writings, p. 470.

expose the weaknesses of Rome, the whole thunder of the Vatican was directed against him; and so it was with Hahnemann. Paul was wiser in his day and generation. Had he blasphemed the great goddess Diana, it is doubtful if the unadorned eloquence of the worthy town-clerk would have saved him being torn to pieces by the incensed Ephesians.

Hahnemann's assaults on ancient medicine had rendered him thoroughly distasteful to his colleagues; he was now no more to be trusted, and was henceforth regarded as an outcast and a Pariah, whose companionship was to be shunned for evermore. He now saw full well that he must not look to his medical brethren for assistance in his great aim, but he did not despair; on the contrary, this very opposition of his colleagues made him more resolute in his determination to carry out his plans alone, or with what casual assistance he could procure from non-professional friends.

Accordingly he set himself to his task *con amore*, and in a few years more he was able to give to the world a tolerable array of medicinal substances whose pure pathogenetic action he had ascertained by experiments on himself, his family, and a few friends. He did not, however, give these results as anything like complete, and indeed merely styled them *Fragmentary Observations relative to the Positive Powers of Medicines on the Human Body*. This work was merely an earnest of what was to come; it was published in 1805. Later in the same year he published his celebrated essay called *The Medicine of Experience*,^m and in this essay he details at length how experiments with medicinal substances are to be conducted in order to ascertain their pathogenetic effects. I shall now give you the substance of what he there says."

"Every simple medicinal substance," he says, "causes a peculiar specific disease—a series of determinate symptoms, which is not produced precisely in the same way by any other medicine in the world. As every species of plant differs in some way from every other species of plant, and as every mineral and salt differs from every other

^m Lesser Writings, p. 497.

ⁿ Ibid., p. 515.

mineral and salt, so do they all differ among themselves in their medicinal properties, that is to say, in their morbid powers; each of these substances effects an alteration in our state of health in a peculiar determinate manner. Medicinal substances manifest the nature of their pathogenetic power, and their absolute true action on the healthy human body in the purest manner, when each is given singly and uncombined. Many of the most active medicines have already occasionally found their way into the human body, and the accidents they have given rise to have been recorded [*e. g.*, poisonings accidental and intentional, and their histories]. In order to follow up still farther this natural guide and to penetrate more profoundly into this source of knowledge, we administer these medicines experimentally, the weaker as well as the stronger, each singly and uncombined, to healthy individuals, with caution, and carefully removing all accessory circumstances capable of exercising an influence. We note down the symptoms they occasion precisely in the order in which they occur, and thus we obtain the pure result of the form of disease that each of these medicinal substances is capable of producing, absolutely and by itself, in the human body.

"In order to ascertain the effects of less powerful medicinal agents in this manner, we must give only one pretty strong dose to the temperate healthy person who is the subject of the experiment, and it is best to give it in solution. If we wish to ascertain the remaining symptoms which were not revealed by the first trial, we may give to another person, or to the same individual, but only to the latter after the lapse of several days, when the action of the first dose is fully over, a similar or even a stronger portion, and note the symptoms of irritation thence resulting in the same careful and sceptical manner. For medicines that are still weaker we require, in addition to a considerable dose, individuals that are healthy, it is true, but of very irritable delicate constitutions.

"The more obvious and striking symptoms must be recorded in the list, those that are of a dubious character should be marked with a sign of dubiety, until they have frequently been confirmed. In the investigation of these

medicinal symptoms all suggestions and leading questions must be carefully avoided. It must be chiefly the mere voluntary relation of the person who is the subject of the experiment—nothing like guesswork, nothing obtained by dint of cross-questioning, that should be noted down as truth, and still less expressions descriptive of sensations that have been suggested to the experimenter. But how," he adds, and this observation has more significance than we might at first sight suppose, "how, even in diseases, amid the symptoms of the original disease, the medicinal symptoms may be discovered, is a subject for the exercise of a higher order of inductive minds, and must be left solely to masters in the art of observation." I think it a pity, for the sake of the purity of the *Materia Medica*, he had not for ever retained the opinion he expressed some years previously regarding this same giving of medicines to unhealthy subjects for the purpose of ascertaining their effects; for we find in the *Essay on a New Principle*^o the following statement. After saying that the only way to ascertain the effects of drugs is to test them on the human body, he writes:—"The necessity for this has been perceived in all ages, but a false way was generally followed, inasmuch as they were only employed empirically and capriciously in diseases. *The reaction of the diseased organism, however, to an untested or imperfectly tested remedy, gives such intricate results that their appreciation is impossible for the most acute physician.* Either nothing happens, or there occur aggravations, changes, amelioration, recovery, death—without the possibility of the greatest practical genius being able to divine what part the diseased organism, and what the remedy played in effecting the result. *They teach nothing, and only lead to false conclusions.*" Ten years later, as I have shown, Hahnemann thought he was in a condition to determine what share the disease and what the remedy had in the result brought about by the administration of a medicine in disease, but I confess myself more disposed to agree with him in his former than his latter opinion.

It appears that some of his disciples sought to exceed Hahnemann's limitations respecting the trustworthiness of symptoms produced in patients, by putting down as the pathogenetic action of the drug those symptoms of the disease which were aggravated after its administration, for in a letter to Stapf, dated Sept. 1813, he thus expresses himself:—

“You are right in supposing that the increase by a medicine of symptoms that had been previously present, most probably indicates that the medicine given can of itself also excite similar symptoms. Still we must not include such symptoms in the list of the pure positive effects of the medicine, at least not in writing. All we can do is to bear them in mind, in order that we may pay proper attention to them when once they occur purely (that is, never having been present before) during the use of the same medicine.”” We shall presently see that in the last edition of the *Organon* he allows such symptoms to be registered among the pure effects of medicines.

Such then, as I have detailed them to you, were the principles on which Hahnemann acted in the commencement of his arduous undertaking of constructing a totally new *Materia Medica*. As years advanced, his mode of proceeding became altered to a certain degree, and I now propose to lay before you his notions as to how the remedial agents should be *proved* (as we term it), in order to ascertain their pathogenetic powers. I shall give you his latest and most matured ideas on the subject as they are to be found in the *Organon*; but as it would occupy too much time, and probably exhaust your patience, were I to read all that he has said upon the subject, I think it best to lay before you a condensed view of the most material points, referring you to the last edition of the *Organon*, from § cv. to cxlv., for more ample details on the subject.

Every medicine differs in its action on the human frame from every other. The stronger medicines develop their action sooner than the weaker on robust individuals

in small doses. Weaker medicines must be given in larger doses in order that we may be made acquainted with their powers, and the very weakest will only show their action on very irritable subjects. We should take care that the medicines we employ for our provings are genuine and unadulterated. Indigenous plants should be taken in the form of fresh juice mixed with alcohol; exotic vegetable substances as powder or tincture, made when they were freshly gathered; salts and gums should merely be dissolved in water just before being taken. If we can only get the plant dry, and if it be weak, we should take it in the form of infusion, swallowing it while warm. The diet of the experimenter should be regulated, all medicinal and stimulating beverages avoided, and also over-exertion of the mind and disturbing passions. Both males and females are required for experiment. Recent experiments show that medicines do not exhibit nearly all their powers when given in the crude state, but that they do so when duly triturated and succeeded. The best plan of proving medicines, even such as are deemed weak, is to give the experimenter, on an empty stomach, daily from four to six very small globules of the 30th dilution of the substance we wish to test, and continue this for several days, until an effect is produced. As, however, many people are affected by a very small quantity, it is best to commence with the smallest dose, and it is a great advantage when one dose takes effect at first, for then we can learn better the sequence of the symptoms, which we cannot do if it is requisite to give several successive doses of the medicine. If, however, we do not care about the sequential order of the phenomena, but merely wish to know what symptoms the drug produces, then the best plan is to give it every day in increasing doses. When we experience any sensation, we should try what effect change of position, walking, the open air, the close room, eating, drinking, coughing, sneezing, etc., have on it, and note the time of the day when it occurs. All the symptoms a medicine can produce are not observable on one person, so we require to test it on many, in order to ascertain them. The more moderate the dose used for our experiments, the more distinctly are the primary actions

of the medicine developed. Too large doses give rise to disturbing secondary actions. All the phenomena that arise during the action of a medicine are solely derived from this medicine, and must be registered as its symptoms, even though the experimenter has observed the occurrence of similar symptoms a considerable time previously, as arising spontaneously. If the physician does not perform the experiments on himself, he should closely superintend the experiments of the person he employs for this purpose, but the best plan is for the medical man to make his experiments on himself; if he does so he gains a great advantage in the accuracy of the symptoms, in acquiring habits and powers of observation, and his health, far from suffering, in the long run will be much benefited by the trials.

"But," says he, "how some symptoms of the simple medicine employed for a curative purpose in diseases can be discovered even amid the symptoms of the original malady, especially in diseases of a chronic character, that usually remain unaltered, is a subject for the exercise of the higher order of inductive minds, and must be left solely to masters in observation."¹

And yet he says, a few paragraphs previously:—

"If medicines be given to sick persons only, even though they be administered singly and alone, then little or nothing of a decided character is seen of their pure effects; as those peculiar alterations of the health to be expected from the medicine are mixed up with the symptoms of the disease, and can seldom be distinctly observed."²

So that, taking this paragraph into consideration, we may infer that Hahnemann does not propose actually to make provings of new medicines on diseased persons, but that careful observers may be able, from a watchful observation of the new symptoms developed in chronic cases after the administration of a remedy, to determine if these belong to the medicine or the disease, and by this means to eke out the symptomatology of the medicine. It does not look as if Hahnemann relied *solely* on this

¹ Organon, § cxliv.

² Ibid., § cxvii.

impure source for the knowledge of the pathogenetic powers of any medicine, but from his constant reference to it as *a* source, we are bound to believe that he did resort to it from his earliest experiments, as a method in judicious and careful hands deserving a certain amount of confidence.

There is no doubt, from what I have just adduced from Hahnemann's directions in the *Organon*, that the proving of medicines with globules of the 30th dilution was latterly a favourite method of his, and this is not the only place where he distinctly recommends it, for we find also in the Introduction to the third edition of Part II. of the *Pure Materia Medica* the following passage:—

"I would only observe here, that for the proving of medicines on healthy individuals, dilutions and dynamizations are to be employed as high as are used for the treatment of disease, viz., globules moistened with the decillionth development of power."

Indeed it is highly probable that many of Hahnemann's later provings were performed exclusively with globules of the 30th dilution, and it is also extremely likely that many of the subjects of his provings were his own patients, to whom he administered these globules, and desired them to watch the effects that ensued.

It can hardly fail to strike us that there is another point connected with Hahnemann's directions for proving which we cannot regard as a very reliable source for ascertaining the virtues of medicines, and that is his statement that we are to regard as the pure action of the drug all symptoms observed by the prover, even though some of these may be such as he had noticed previously as occurring spontaneously. I am sorry that Hahnemann should have allowed this to be a pure source, for I fear it has opened a door for the admission into the *Materia Medica* of many symptoms that have no business there. I cannot help regarding the kind of experimenters he alludes to as very much akin to that other class labouring under some chronic ailment, and if he rigidly rejects the morbid symptoms evidently caused by the disease of

the latter, I do not see how he can consistently admit the morbid symptoms of the former, to which they were in a manner subject. We all know that there are many individuals, as a rule, robust and healthy, who are occasionally subject to some morbid symptoms of more or less severity, which symptoms are provoked by anything and everything that is calculated to derange their systems, and it will be obvious that if a number of such individuals are selected for experiment, and all their symptoms of this character registered, we may readily obtain from almost any medicine an imposing pathogenesis, which, however, we should find at the bedside to be of not much practical value. And probably it is such a source as this to which we owe some of the symptoms in the work on *Chronic Diseases* which occasionally disappoint us, when we think we have discovered in the pathogenesis of some medicine the exact parallel of a case under our care.

The sources whence Hahnemann derived his *Materia Medica* we may sum up according to their relative degrees of purity, as follows:—

1. Experiments on healthy individuals, undertaken expressly for that object by himself and disciples, and with attention to avoid all circumstances that could vitiate the results obtained, these experiments being conducted (*a*) with pretty large doses, (*b*) with the so-called infinitesimals, and latterly with globules of the thirtieth dilution.

2. Experiments undertaken by others, not adherents of the homœopathic system, for the purpose of ascertaining their physiological effects, some of these even with the avowed design of refuting Hahnemann's theory, such as those of Jörg. The more recent experiments of the Vienna Society of (allopathic) Physicians are of a similar character. These experiments were all conducted with medicines in palpable doses. Besides those I have just mentioned, I may refer to the experiments of Störck with several powerful medicinal substances, those of Alexander of Edinburgh, both of which Hahnemann has adopted; those of Professor Martin of Jena and his Proving Society, and those of the followers of Rademacher, which have been made since Hahnemann's time.

3. The records of cases of poisoning scattered throughout medical and other literature, and these either (a) intentional for scientific purposes, like the experiments of Nicander of Colophon, and those of Matthioli, Richard, and others on condemned prisoners; (b) intentional for criminal purposes; and (c) accidental.

4. The observation of patients under the action of various medicinal substances, and that either (a) under homœopathic treatment, in which case small doses were employed, or (b) under allopathic treatment, where large doses were used.

In Hahnemann's earlier schemas we find the majority of the symptoms were collected from the first three sources I have enumerated, but in his later volumes it is highly probable that the fourth source was a very prolific one for the symptoms he records. It is to be remarked, however, that he seldom tells us the doses of the medicines that produced the symptoms recorded, but sometimes he does; thus we find that Hahnemann's first experiments with cinchona bark, were made by taking four drachms within two days. From a letter of his to Stapf,* we find that he directed helleborus niger to be proved thus: a drop of the tincture was to be added to eight ounces of water and one drachm of alcohol, this well shaken and one ounce to be taken every hour and a half or two hours, until some violent effects were experienced. In the same letter he asks Stapf to prove camphor thus: two grains to be dissolved in a drachm of alcohol, this well shaken up with eight ounces of water, and taken in four to six doses during the day. We learn from the introduction to silver, in the *Materia Medica* that this metal was proved in the first trituration, and that the few symptoms obtained from the nitrate were produced by the 15th dilution. *Calcarea acetica*, we are informed, was proved in its saturated solution. The *carbo vegetabilis* was proved, we are told, in the third trituration. In the first edition of the *Chronic Diseases*, he tells us that *natrum mur.* was proved in the 30th dilution, and he adds, "it is only in dilutions potentized up to this

* N. Arch., i.

height that other medicines also display all their power to alter the health when tested on the healthy." But it is perfectly evident that very few of the medicines, and certainly none of the earlier ones, were proved in such a preparation, for the dose he gave to the healthy to obtain pathogenetic effects was probably greater, at all events not smaller, than that he prescribed for the sick; and we find that in the *Materia Medica* he directs many substances to be given in disease in the pure substance, and in the first, second, and third attenuations, so that we may presume that these remedies were tested in pretty considerable quantities. In the later volumes of the *Chronic Diseases* he almost entirely omits to mention the sources whence the symptoms were obtained, which is a great pity, as we are thereby altogether debarred from forming an opinion as to their relative value or authenticity.

Before proceeding to a consideration of the labours and opinions of Hahnemann's own disciples in reference to the proving of medicine, we may turn aside one moment to consider what has been done in this way by the adherents of the old school, and we shall be surprised to find how little has been done or said respecting physiological provings by them. Among the ancients it is only in the school of the Empiricists that we find experiments undertaken for the purpose of ascertaining the pathogenetic effects of drugs and poisons, and their writings alone contain any records of these effects. Thus Heraclides of Tarentum wrote a special book (*Θηριακά*) on the symptoms caused by the bites of poisonous serpents. Mithridates, king of Pontus, instituted experiments on himself and on criminals for the purpose of learning the action of various poisons. Attalos Philometer, king of Pergamos, tested the antidotal powers of aconite, hyoscyamus, veratrum, hemlock, etc. But it was chiefly the poetical physician, Nicander of Colophon, who lived under the last-mentioned toxocological monarch, to whom we are indebted for an account of the action of various poisons in his two medical poems, *Θηριακά* and *Αλεξίφάρμακα*. He gives an account of the different effects of the poisons of various kinds of serpents, scorpions, spiders, beetles, and poisonous plants, but I

need not detain you by repeating what he says, for though some of his descriptions are pretty accurate, others partake of the imaginative or fictitious character we are in the habit of expecting to meet with in poetical works. It is remarkable, however, that these poetical records of Nicander's have been pretty closely copied by most of the ancient writers on toxicology, even to the most absurd errors of the poet doctor, and very little else of a positive character as regards the pathogenetic action of medicines is to be met with in the records of ancient medicine. In later times some virulent poisons were administered by enterprising physicians, such as Matthioli, Richard, etc., by the special leave of philosophical monarchs, to condemned criminals; but these experiments were instituted less for the sake of ascertaining the action of the poison than for testing the value of some ridiculous putative antidotes, such as the bezoar stone, the Armenian bole, and the like.

The great Albrecht von Haller, in his preface to his *Swiss Pharmacopœia*, has, it is true, the following decided and remarkable words on this subject:—"Nempe primum in corpore sano medela tentanda est, sine peregrina ulla miscela; odoreque et sapore ejus exploratis, exigua illius dosis ingerenda et ad omnes quæ inde contingunt affectiones, quis pulsus, quis calor, quæ respiratio, quænam excretiones, attendendum. Inde adductum phenomenorum in sano obviorum, transeas ad experimenta in corpore ægroto," etc. Notwithstanding this very explicit recommendation to test medicines on the healthy body, and notwithstanding the immense celebrity of Haller, neither he himself nor any of his contemporaries thought of practically carrying out his advice. Dr. William Alexander of Edinburgh made some experiments on the healthy, chiefly with camphor, which nearly resulted in his own death, and published an essay on the subject; but this excited very little attention, and had it not been for Hahnemann, who raised them up from oblivion, they would probably have remained altogether unknown. The experiments of the toxicologists, and notably those of Wibmer, Orfila, Majendie, and others, were undertaken chiefly with a view to ascertain the structural alterations

produced by the various poisons, and were almost exclusively confined to the lower animals, a source that Hahnemann altogether rejects, except in certain rare cases; thus he says:—"In order to try if a substance can develop, very violent or dangerous effects, this may in general be readily ascertained by experiments on several animals at once, as likewise any general manifest action on the motions of the limbs, variations of temperature, evacuations upwards and downwards, and the like, but never anything connected or decisive that may influence our conclusions with regard to the proper curative virtues of the agent on the human subject. For this, such experiments are too obscure, too rude, and, if I may be allowed the expression, too awkward."^u

Professor Jörg^v of Leipzig, some twenty years ago, founded a society for the purpose of proving medicines. He confessed that the actual state of the ordinary *Materia Medica* was decidedly very wretched, and he proposed by instituting experiments on the healthy to endeavour to ascertain where and how medicines acted; he also wished to show that the experiments of Hahnemann were false, and his therapeutic rule a delusion. How far he succeeded in this will be apparent from this circumstance, that his provings, which were conducted with great carefulness and ability, were immediately incorporated by Hahnemann in his pathogeneses; and Jörg, however he may seek to repudiate the distinction, has been a most useful and extensive contributor to the homœopathic *Materia Medica*. Jörg sought to obtain from his provings indications for the employment of medicines agreeably to the principle *contraria contrariis*, and finding, for example, that nitre was a powerful irritant, he said that it was decidedly a wrong medicine to use in pneumonia, though the experience of his own school was entirely in favour of its utility in that disease.

An attempt was made in 1828 by Dr. von Wedekind to induce his brethren to prove medicines, in order to lay a sure foundation for the *Materia Medica*; but his eloquence was of little avail to overcome the apathy of his brethren on

^u Lesser Writings, p. 299.

^v *Mater. zu einer künft. Heilmittellehre.* Leipzig, 1825.

that subject, and with the exception of a miserable attempt on the part of a few to swallow some doses of *hepar sulphuris* and *colchicum*, nothing resulted from Wedekind's recommendation. So also Professor Martin of Jena attempted in 1844 to found a society for the purpose of making physiological experiments with medicines, but this too came to naught.

A bolder and more sustained effort was made a few years ago by the Society of Vienna Physicians to prove remedies, and a good many medicines were tested by a number of different individuals; but the committee who had the drawing up of the report of the results of the trials cut down the symptoms of each prover in a most arbitrary manner, and only recorded such symptoms as were common to all or most of the experimenters. The experiments, such as they are, are given in the *British Journal of Homœopathy*, vol. vi. p. 265. One effect they had was to convert one of the provers to homœopathy, which was not at all the result desiderated by the Society, and accordingly they did their best to discountenance any further physiological provings, for fear of more defections.

The only other provings by allopathists with which I am acquainted are those by the followers of Rademacher, or the adherents of the so-called school of experimental medicine. Their experiments with iron are very worthy of note, and will be found detailed in the *British Journal of Homœopathy*, vol. ix. p. 237.

Among recent allopathic writers who have spoken favourably of physiological experimentation I may mention Jonathan Pereira, who says, in his work on *Materia Medica*, that the homœopaths are perfectly right in assuming that the study of the effects of medicines on the healthy body is the only way in which the pure pathogenetic action of drugs can be ascertained; for when we administer our medicines to patients, the symptoms of the disease present become mixed up with those that the drug is capable of producing, and the latter can seldom be distinguished with any degree of clearness or certainty.

In the medical section of the French Scientific Congress, held at Strasburg in 1842, Professor Forget, Presi-

dent, the following resolution was passed:—"The medical section are unanimously of opinion that experiments with medicines on healthy individuals are, in the present state of medical science, of urgent necessity for physiology and therapeutics."* The urgency of the necessity was not, however, so great as to induce the respective members to institute such experiments on their own precious persons. They thought that they fulfilled their duty by passing this resolution, and doubtless forthwith began to hope, with Mr. Micawber, that "something would turn up."

In like manner Dr. Forbes, in his onslaught upon homœopathy,[†] indicates as one of the desiderata of medicine, "to reconsider and study afresh the physiological and curative effects of all our therapeutic agents, with a view to obtain more positive results than we now possess." And so with many other clear-headed allopathists, from Haller down to Forbes; they have, like the finger-post, indicated the way, but not trod it themselves. Knowing well what work there was to be done, they have still continued enthralled in the trammels of a degrading and antiquated routine, without making an effort for their release. As Dan. O'Connell used to say:

"Hereditary bondsmen, know ye not
Who would be free themselves must strike the blow?"

Of course they know this well enough, but there are many reasons why their energetic resolutions and recommendations were never followed up by any or only by lukewarm acts. The immensity of the task, the consciousness of the revolutionizing effect it would have on old medicine, the uncertainty as to whither it might lead them, the knowledge that they would thereby seem to be following in the steps of the homœopaths, whom they affected to despise, and who have for many years been engaged in the work; the dread that their labours might go to fortify the hands of the enemy, and only weaken their own strongholds, as was the case with Jörg and his provings—all these circumstances combined to deter those who saw

* Brit. Journ. of Hom., i. p. 198. † Brit. and For. Med. Rev., xxi. p. 262.

what ought to be done from making a vigorous and sustained effort to do it.

It may at first sight appear strange that medical men of the old school have been so remiss in all ages in endeavouring to discover the physiological action of medicines, the powers of the tools they were to use in that most difficult of arts, the restoration of the sick to health; but if we reflect a little, we shall perceive that their remissness on this point is very easily accounted for. For if we examine the question narrowly, we shall find some difficulty in discovering what the allopathist, as such, could hope to gain by such experiments. His practice is for the most part confined to purging, vomiting, salivating, sweating, and producing diuresis, and assuredly he has a sufficiency of purgatives, emetics, sialagogues, diaphoretics, and diuretics; or else he wishes to create an eruption or an inflammation on the skin, a counter-irritation as he calls it, and he has no lack of sinapisms, epispastics, moxas, and cauteries, actual and potential; or he wishes to tap off the life-blood, and the best way he can test his lancet, cupping instruments and leeches is to flesh them in his patient's body. There are only two possible ways in which he can imagine that the proving of medicines on the healthy can be of use to him—first, by enabling him to determine the dose that can be given with safety; and even this is problematical, for he knows very well that a dose that will act on a person in health will not necessarily act at all, or may perhaps act much too violently, on a diseased person. The other use that he might expect to derive from knowing the positive action of medicines is in cases where, from the suppression of some less important affection, one of more serious nature has ensued; thus he would often like to possess a remedy that could restore a fit of the piles or of the gout, bring back an eruption on the skin, an ulcer, or the like; but the occasions when he would desire to do this are so rare, that the infinite trouble of pure experimentation would be much too great for the infinitely small gain he would reap from it. As regards the discovery of specifics by this method, it would be hard to persuade him that such could be effected, for with his therapeutic formula, *contraria con-*

trariis, how can he imagine the *contraria* of such diseases as gout, ague, epilepsy, small-pox, cholera, tic, and the like? To my mind it is perfectly obvious that physiological experimentation by allopathists, though it may be undertaken in a fit of enthusiasm, will soon be dropped with the self-imposed question of *cui bono?* or else it will lead to the adoption of the therapeutic rule *similia similibus*.

The circumstances are quite altered when the medical man accepts as his rule of guidance, in the employment of medicines for diseases, a law like Hahnemann's *similia similibus*, for this very formula implies that we should first ascertain the *simile* to the disease; in other words, the medicinal agent that has an absolute inherent power of causing an affection similar to the disease. Now it is obvious that such absolute power must be exercised on the healthy body, for if it were only on the diseased body, the power would be relative and not absolute, extrinsic and not intrinsic. Physiological proving was therefore the inevitable corollary from the homœopathic therapeutic law.

Among those who have written on the subject of physiological experimentation, and who have endeavoured to establish fixed rules for its conduct, one of the most explicit and minute is Dr. G. O. Piper.⁷ I shall now give a brief *résumé* of his excellent papers on the subject. In order to conduct such provings efficiently, he remarks, we should endeavour to dispossess our minds of all preconceived ideas respecting modes of cure, primary actions, secondary actions, etc. It is best that the experimenter knows not the substance he is taking. It is absolutely necessary to prove one and the same substance on many different persons in order to obtain a thorough knowledge of its sphere of action. It is of great importance to ascertain the duration of action of a medicine. We cannot *a priori* determine if a medicinal disease can be infectious in its nature or not; this experiment can alone determine. The observations of Dr. Lichtenstadt with respect to the inoculation of the pustules produced by tartar-emetic ointment would seem to show that that medicinal disease at least is transmissible. Dr. Piper strongly ad-

⁷ Hyg., xii. 481, and xiii. 1.

vises that all homœopathic physicians should institute physiological provings on themselves, and he bears out Hahnemann in his assertion that the health, in place of ultimately suffering by such provings, is rather on the whole improved by them. Thus Helbig, in his *Heracledes*, asserts that after proving some medicines he became healthier than he was before. Dr. Piper insists that before commencing to prove medicines, the experimenter should carefully observe himself for a month previously; he should note his daily sensations and carefully register all the abnormalities he observes, and if any of these recur during the period of his experiments, they should not be noted down as symptoms belonging to the medicine. The prover should also carefully attend to the various seasons of the year, and not register as an effect of the medicine any symptoms that were wont to appear spontaneously at any particular season. Drinkers of wine and coffee should begin by leaving off their favourite beverages, and smokers by abandoning their customary weed, the susceptibility for the medicine will thus be highly increased, and the medicinal symptoms will occur with greater precision and more characteristically than they would otherwise do. Those persons are probably the best for undertaking physiological provings who are not in the habit of indulging in the use of any medicinal substance, but who can conduct a proving from beginning to end without having to make any alteration in their diet and regimen. Dr. Piper thinks that the best time for taking the medicine we wish to prove is just before going to bed at night. The secret operations of the medicine will then go on undisturbed while the prover is asleep, and the first active manifestations of abnormal action will be observed on awaking in the morning. At the same time he admits that in order to obtain the full action of the drug, it should be tested in the morning also. As regards the form in which drugs should be proved, Dr. Piper says that insoluble (mineral) substances should be carefully triturated with nine parts of milk-sugar, and the dose moistened with water just before being taken. Soluble substances should also be taken in the form of powder

without milk-sugar, unless the substance is so strong as to require that but very small quantities be taken at a time. Crude vegetable substances should be taken as powders or tinctures, not in watery infusion or decoction, as Hahnemann advises. Extracts are uncertain preparations and should not be used, or if they must be, they should be prepared by the sun's heat. Conserves are good preparations; prolonged chewing of the substance favours and hastens its action. It is requisite that all the provers use the same preparation of the drug.

At first the drug should be taken in small doses, and the dose increased or doubled every day. One single very large dose certainly produces greater effects, but it may prove injurious to the health. A moderate or even a pretty large dose seems to have scarcely any perceptible action; only a few symptoms are developed during the first few hours. At the same time Piper admits that large doses are often rejected by the organism very rapidly, and do not penetrate the system. He gives as a rule, to commence taking the medicine in doses of one-tenth of what he calls the lowest *normal dose*; by which he means the dose enjoined in the ordinary works on *Materia Medica*. He found that, for example, if he began with one drop of the tincture, by the time he had reached four drops an effect developed itself, but that when he began with four drops he had to take twelve or more before any effect was produced. As regards the repetition of the dose, he says that there should be an interval of at least twenty-four hours betwixt two doses. There are few drugs that complete their action in the healthy body in less than twenty-four hours; if they do so it is important to ascertain this. A repetition of the drug at another period than the twenty-four hours must disturb what there is of a typical character in the reaction. In the case of drugs that act for a longer period than twenty-four hours, a repetition of the dose at the end of twenty-four hours causes no disturbance, but merely an increase of its action. On repeating the medicine, its dose should be increased. If after several doses no more symptoms make their appearance, we should then resort to the smallest doses, and after a few days give suddenly a large

dose. When no decided effect follows the ingestion of a good preparation of a powerful medicine, Piper inclines to think this is owing to the increase of the dose not being conformable to the nature of the drug. When objective symptoms make their appearance the drug-taking should be immediately stopped; on the disappearance of the symptoms, if within twenty-four hours no new symptom appears, a somewhat larger dose of the drug should be taken, and the daily dose increased until some other objective symptom appears. In the evening of the same day that symptoms first occur a pretty large dose should be taken and the effect watched, undisturbed by any fresh dose. If, notwithstanding the observance of these rules, no particular effect should ensue from a decidedly powerful medicinal agent, the following method should be adopted. No supper (dinner) should be eaten, and whilst the feeling of hunger continues a pretty large dose of the drug should be swallowed. If nevertheless nothing occurs, then the prover may conclude that he is insensible to the action of that particular drug. A person liable to acidity of the stomach will be insensible to the action of a number of vegetable substances. Abnormal states of the intestinal canal may check the development of many medicinal diseases, and on the other hand the abnormal or unhealthy condition of an organ—for instance, the lungs—may increase enormously the action of a drug that has a special affinity for it. In such a case it may frequently happen that a curative action ensues, if the drug be a specific remedy for the particular affection under which the person labours, and the records of physiological provings are not without occasional instances of this kind. Idiosyncrasies on the part of the provers are of importance; indeed, as I have formerly pointed out, Hahnemann considers that the symptoms caused by such idiosyncrasies should be regarded as medicinal symptoms. Piper finally thinks that we should not confine ourselves to a register of the purely physiological symptoms, but should include the chemico-physiological symptoms of medicines also in the *Materia Medica*. The rules and directions of Dr. Piper's for the conduct

physiological provings are not without their value, and should be considered by those who undertake such provings; but they are far from exhausting the subject, and many variations from them and improvements upon them will naturally suggest themselves to all who are engaged in this most important undertaking.

Schrön* is of opinion that the proving of medicines is equally important for all the three methods of treatment, but I think I have shown that the utility the antipathist and the allopathist could derive from them is small indeed, in comparison with that they offer to the homœopathist. He says the objection often made, that our so-called experiments on the healthy are impossible, as there are no absolutely healthy persons, is absurd, as for all purposes relatively healthy individuals are sufficient, and we do not seek to restore patients to a state of absolute but of relative health. The symptoms that occur in each person by virtue of his weak or unhealthy organ will not disturb the purity of the proving, if several persons are engaged in the trial of the remedy; for the symptoms produced by this cause will then be easily detected and omitted from the list of the pure effects of the medicine. Schrön is not opposed to the proving of medicines on the sick, but the symptoms got from this source are only to be used as corroborative of effects obtained from a more reliable quarter. Both sexes should of course be employed in the provings. With respect to the age of provers, it is obvious that it is desirable in all cases to have those who are able to give a distinct and lucid account of their symptoms. But if we employ only grown-up people, we shall not be able to ascertain the effects of medicines on the thymus gland or on the process of the first dentition. We should have to content ourselves with purely objective symptoms, however, in the case of infants. In reference to the substances to be proved, Schrön is of opinion that it would be much more useful to perfect the provings of the medicines we already have, than cumber our *Materia Medica* with fragmentary provings of new substances. He is opposed to Hahnemann's later idea to

* *Naturheilprocesse*, ii. §§ 176-188.

prove all medicines only in the 30th dilution, and refers to the much more satisfactory nature of the provings in the first six volumes of the *Pure Materia Medica*, obtained from larger doses of the medicines, than those of the later period of Hahnemann's career. With respect to the arrangement of the provings, Schrön says that each proving should be preceded by an introduction, stating the order in which the symptoms appear, and giving a sort of general pathological view of the effects of the medicine. After this should come the list of the symptoms, arranged so that those symptoms should form a *first class*, which have appeared in all or almost all the provers. These symptoms will always refer to the organ or organs for which the remedy has a decided specific attraction. Of course care should be taken not to confound such symptoms with those general and universal symptoms that accompany the action of almost every medicine and morbid agent, such as loss of appetite, weariness, etc., to which no value can be attached except as being mere sympathetic phenomena. Such unmeaning symptoms, however, form a large item in Hahnemann's provings, and only serve to increase the difficulty of obtaining a correct view of the effects of the remedy. If among a number of persons of both sexes proving a remedy, one symptom should only appear among all those of the same sex, we may consider this as a symptom of the first class, and one connected in some way with the sexual organs. It is therefore necessary that in every instance it should be distinctly stated of what sex the provers were who exhibited the different symptoms. In the *second class* of symptoms should appear those which occurred only in a limited number of the provers. These will generally be found to be symptoms that have a sympathetic relation to the organ for which the medicine has a special affinity, and they will be of great use in assisting us to arrive at a correct knowledge of the sphere of action of the drug we are engaged in proving. Symptoms that occur in but one or in very few of the provers have no great value, but should not be altogether discarded, but registered in an appendix to the general schema, as future observations may corroborate their genuineness, and they may not be

without their use in guiding us to a selection of the proper remedy.

Griesselich* justly remarks that as with diseases so it is with all other influences, the susceptibility must be there in order that the prover shall be affected by any medicine; and even among susceptible persons the susceptibility is present in very different degrees among different persons, and very differently towards different medicines in the same person. Some persons seem to exhibit when well an almost total insensibility to many or to all drugs. Griesselich himself was one of these unsusceptible persons. Others again are most powerfully acted on by any, even the weakest medicinal substances. We must, he says, remember that in the proving of medicines, as in other things, a person may become habituated to them, and thus his susceptibility blunted. Thus, if the prover should have taken a drug for a certain length of time, and a certain array of symptoms have been developed, it often happens that a longer persistence in the use of the medicine will not only not develop any more new symptoms, but will not even prevent those that may have occurred from dying away; a sort of *saturation* ensues, and the prover experiences no particular morbid phenomena, but only a great repugnance to taking any more of the drug. If he now waits some length of time without taking any medicine, and begins again with very small doses, it frequently happens that the symptoms he formerly experienced return in full force, just as though they had been in a latent state. Hence it is not advisable to perform such physiological provings in rapid succession; for even a different drug, if it have any action in common with the one that has just been proved, will often stir up the organism to reproduce a miniature representation of the symptoms caused by the other drug, if taken too soon after the first one. Dr. Griesselich warns against proving medicines in tinctures, where it is requisite, in order to obtain an action, to take as many as fifty, one hundred, two hundred, or more drops; for the vehicle of the medicine, the alcohol, will often disturb the pure effects of the

* Handbuch d. hom. od. spec. Heilk., p. 90.

drug by its own pathogenetic power in such quantities, and it is an undoubted fact that alcohol has an antidotal relation to many drugs. Therefore it is in such, and indeed in all cases preferable to take the drug in the form of the freshly expressed juice of the plant, as a powder, in water or otherwise, or in the form of a carefully prepared infusion or decoction.

The enrichment of the *Materia Medica* by the addition of new provings of medicines has occupied the attention of many of Hahnemann's disciples, and various modes have been adopted for carrying out this important undertaking. Very different opinions have been expressed upon the mode of conducting such experiments, and as opinions have varied so has also the practical performance of the operation.

Among those who have chiefly distinguished themselves for their extensive and valuable provings of new remedies, and to whom our *Materia Medica* stands indebted, next to Hahnemann, for the greatest amount of valuable medicinal agents, I may mention the names of Stapf, Gross, Hering, Wahle, Hartlaub, Trinks, Franz, Helbig, and the Vienna Society. The provings of many of the medicines which Hahnemann has incorporated into his *Materia Medica* and *Chronic Diseases* were originally conducted by some of the gentlemen whose names I have just mentioned. Thus platina, mezereum, anacardium, cuprum, antimonium, etc., originally appeared in Stapf's *Archiv*. In like manner many of the medicines contained in Hartlaub and Trinks's *Pure Materia Medica* have been adopted by Hahnemann. Respecting Hahnemann's own provings we have no details, except the bare results as they appear in his schemas; but others have presented us with the particulars of their provings, and it increases our confidence in a remedy to know that it has been proved in a manner calculated to promote trustworthy results, which we cannot say is the case with many of those that figure in our compendiums of *Materia Medica*.

Dr. Hering^b of Philadelphia speaks very approvingly of

^b Arch., xiii. 2, 8.

Hahnemann's recommendation to prove medicines in globules of the 30th dilution, and thinks that not only should all medicines be proved in that dilution, but that those medicines which have already been proved in other doses should be re-proved in globules of the 30th. He furnishes us with several substances proved in this manner. Thus, for instance, the following was the way he took to prove the *Theridion curassivicum*, or poisonous spider of Curaçoa. From a bottle of rum, in which several of these insects had been put, and which had stood for a year, he took a drop and potentized it up to the 30th dilution. With this dilution he moistened some globules, and gave to the provers only one dose of the drug, consisting of three to six globules. The results, as may readily be imagined, were not very great. Dr. Hering is also an advocate for proving medicines in persons not perfectly healthy. Latterly he proposed proving the medicines in the so-called high dilutions, 400, 800, 1000, 2500, etc.

In the *Amerikanische Arzneiprüfungen*, lately published, Dr. Hering writes an article on our *Materia Medica*, the sources of which he says must be as follows:—A. From the literature of ancient and modern authors, all the histories of poisoning and cure, and everything else, whether it relates to toxicology or therapeutics, observations good and bad, true and false, we must first collect, and afterwards select. The tares must, he says, be gathered with the wheat, nothing should be rejected till it is proved to be false. He bestows deserved praise on the laborious collection of such facts in *Frank's Magazin*. B. The daily observation of what happens before our eyes. As examples, he states that Hahnemann had a painter in sepia to treat, in whom he did not observe the anticipated action of his remedies in spite of the most careful diet; he judged that sepia, which had hitherto been regarded as an innocuous substance, must be the cause of this; he proved it, and found it a powerful remedy. Weinhold observed that the workmen in a looking-glass manufactory rubbed scraped lead-pencil on their eruptions. He introduced graphites into the *Materia Medica*, and Hahnemann proved it. A divinity student, an ac-

quaintance of Hahnemann's, played with a branch of arbor vitæ without knowing what it was; soon after he observed a wart on his glans. Hahnemann was led from this to prove it, and we all know what a valuable medicine thuja is. C. The third source is intentional proving on the living. Experiments on plants have a certain value, but not a very great one. Experiments on animals may teach us many things that we can learn in no other way, but not as they have mostly been hitherto conducted. Most such experiments are as if the experimenter should wish to ascertain if pressure caused corns, and should put the toe into a thumb-screw, and screw it up till the bone was crushed to pieces; the result would be not corns, but squashed flesh, blood, and bones. Experiments on human beings are the most important, and those on the healthy more important than those on the sick.

The proving of remedies in globules of the 30th dilution seems to have likewise captivated the fancy of a society of homœopathists in Thuringia, who formed themselves into a body of provers, adopting the following rule:—"That, in order to obtain pathogenetic symptoms, only the 30th dilution should be employed for conducting provings on the healthy." No account has ever appeared of the labours of this bold society.

Among the Vienna provers, though as a rule they adopted the plan of proving with doses of considerable size, we find them occasionally testing the pathogenetic effects of the higher and even the highest dilutions, which is quite allowable and indeed commendable, as it is right to ascertain the powers of medicines in every form.

The remarks of Dr. Watzke, one of the most energetic of the Vienna Proving Society, on the actual condition of the homœopathic *Materia Medica*, and on the necessity of its careful revision, are well worth a perusal, and, I may state, that they will be found in full in the second volume of the *British Journal of Homœopathy*. I think it may not be out of place to give a brief outline of them here.

Dr. Watzke says, that notwithstanding some homœopathists, such as Gross and Goullon, have declared

that Hahnemann's *Materia Medica* is a perfect work and requires no reform, he is decidedly of a contrary opinion. He is far from seeking to disparage the merits of Hahnemann's work, or the conscientiousness of the provings; indeed he considers that the more these are studied the greater reverence and admiration shall we entertain for our founder, and the re-proving of medicines that have already been proved by him will serve to confirm still more our admiration of his labours. But he says, the duty of Hahnemann's disciples is not lazily to repose on the couch that Hahnemann has spread for us, but energetically to follow on the same path as he pursued. But the necessity for making a revision of the *Materia Medica* lies not so much in the matter that has been communicated by Hahnemann as the form in which he has arranged the results of his observations and toil. The materials Hahnemann collected are unfortunately not arranged in their natural and physiological connection, but are arranged in a strained artificial schema, wherein the practitioner, unless he had himself assisted at the proving or unless he possessed Hahnemann's own wisdom, is too frequently at a loss to perceive the exact meaning and value of the fragmentary and unconnected symptoms before him. In Hahnemann's provings not only have we in most cases no clue to determine how many of the symptoms occurred in the same prover, but we have in most cases no knowledge of the age, sex, character, or temperament of the person, the dose of the drug he took, the sequential order of the symptoms, or the period of their occurrence in connection with the time of the ingestion of the drug. It is then necessary to re-prove the very medicines that Hahnemann has left us, in order that we may acquire a knowledge of the exact value of what he has done, and find as it were the clue to the labyrinth of symptoms contained in his *Materia Medica*. In fine, Watzke hopes, by careful re-provings, to attain to a knowledge of the medicines equal to that possessed by Hahnemann himself, and to acquire as it were an insight into the anatomy of the medicinal disease.

Dr. Drysdale, in a paper he wrote in the first volume of the *British Journal of Homœopathy*, enters at length on

the subject of the proving of medicines. He justly lays a stress upon the necessity of not taking too large doses of the medicine to be proved, as thereby we should run the risk of producing its evacuant or chemical and not its specific effects, which are best developed by small doses. In his introduction to the *Hahnemann Materia Medica* he has very well illustrated the character of Hahnemann's records of provings, and demonstrated the necessity that exists for re-provings, such as those undertaken by the Austrian Proving Society, when he compares the Hahnemannic schema to the symptoms of any disease dis severed from their natural connections, and arranged in a completely artificial manner, according to their anatomical seat, without any reference to their sequential order. He might have said not the symptoms of one disease, but those of many diseases thus arranged, for such is the case; and in consulting Hahnemann's schema we are completely puzzled to determine the mutual relations of the various symptoms, in other words, the medicinal diseases they produce; and without this, without we are able to find in our pathogenetic records medicinal parallels to the natural diseases that we meet with at the bed-side, our practice can never attain to that mathematical certainty which the more fanatical among the homœopathists would already seem to claim for it.

Trinks, in the introduction to his *Materia Medica*, has some excellent observations on the proving of medicines, which I regret the length to which this lecture has already extended forbids me quoting in detail. I may merely mention that, while approving highly of much of what Hahnemann says on the subject in his *Organon*, he joins with Rau in denouncing the proving of medicines in the form of high dilutions, and objects to admitting into the *Materia Medica* symptoms developed in patients while taking a course of some strong medicine.

Dr. Curtis of New York, in a lecture lately delivered before the Hahnemann Society of that city (*The Relation of Homœopathy to Chemistry*), states it as his opinion that we act illogically, when, for the symptoms similar to those produced by the ingestion of substances that form part of the organism, such as carbo, calcarea, silicea, ferrum, phos-

phorus, soda, etc., we administer these substances ; for, says he, the morbid symptoms we are treating are caused by the assimilation from the food of these substances in excess, and our true plan should be to endeavour to divest the food of these substances. To know the occasions when we should give such substances, he alleges we should perform experiments on the healthy to ascertain the effects of deprivation of the substances that enter into the normal composition of the organism. These trials he terms negative trials or provings.

Before concluding I shall state as succinctly as possible my own ideas relative to the subject of physiological provings. I think that it is an unnecessary waste of time, and a needless overloading of our *Materia Medica* with useless and unmeaning schemas, to set about the proving of such substances as common sense would tell us could have no very decided action, or none at all. For example: Dr. Mure, late of Rio, has wasted his time and our patience in attempting to prove such ridiculous substances as the triturated skin of a deer with the hair on, the triturated skin of the dolphin, the diseased potato, guano, the common louse, etc., which is surely a work of supererogation, when there are so many powerful medicines as yet altogether unproved, or only very imperfectly proved. Again, it is worse than useless to set about proving substances, the exact nature of which is not known or which cannot again be certainly obtained. Here again Dr. Mure is an offender, for he has presented us with the pathogeneses of several substances of which he is not certain whence they are derived ; and Dr. Hering has given us an elaborate proving of a medicine, but whether it is the *Brucea antidysenterica* or the *Angustura spuria* no one seems able to tell ; but worse than all, a Dr. Würzler set about proving in high dilutions a certain pudding that he imagined gave him the gripes one day at dinner, which was certainly a most absurd parody upon physiological experimentation. While so many substances of undoubted medicinal properties remain unproved, it is the height of folly to expend our energies on inert substances, unknown preparations, and impossible puddings.

The prover should be an intelligent person, one who is able to express in appropriate terms his emotions and feelings, and this is a faculty that is not possessed by all; for how often do we meet with persons who are utterly unable to describe a symptom otherwise than by the vague expression of a "pain," and so forth.

He should be in a good state of health, not necessarily absolutely healthy, for that is a rare property. He may possess what is called an idiosyncrasy, a weak point, and yet be perfectly capable of physiological experimentation, and the symptoms developed in him by virtue of this idiosyncrasy may still be received as part of the action of the medicine; for what is this idiosyncrasy but a tendency to be acted on by a specific with more than usual severity? It is in fact only the predisposing cause somewhat heightened in sensitiveness; and for the action of the medicine, as well as of the morbid agent, a predisposing cause is always requisite.

The prover should avoid partaking of indigestible, and especially of medicinal articles during the period of his provings; also exposure to violent mental emotions. Any symptoms that occur in consequence of these agencies should be excluded from the pure pathogenesis.

He should record his symptoms as nearly as possible at the moment of their occurrence and in their exact sequential order, and these records should be carefully preserved and published as the best pathogenesis of the medicine, to which any schema of whatever excellence can only stand in the relation of an index, for it is from such records alone that we can hope to obtain a knowledge of the actual pathological states the drug is capable of causing, and they alone will furnish the parallels to actual diseases.

Each medicine should be proved on persons of various age, temperament, and sex, and we cannot hope to obtain anything like a perfect knowledge of any substance unless the number of provers has been considerable.

As our object is to obtain a knowledge of the specific effects of each medicine, we must be careful to administer it in doses not too large to cause its rejection by the

stomach or bowels, but sufficiently small so as to cause none of the irritant action on the *prima via* which most medicines have the power of causing in large doses. For this end it is much better to give the drug in small doses, frequently repeated, than in larger doses at longer intervals. In reference to this subject I would particularly direct your attention to a very excellent and philosophical essay by Dr. Madden, in the eighth volume of the *British Journal of Homœopathy*, on the different actions of remedies; and, using his phraseology, I would seek to impress upon you that it is the *idio-dynamic* and not the *genico-dynamic* action of drugs we wish to elicit in our provings. To explain my meaning more clearly, I may refer you to the fact that calomel, for example, in doses of one drachm, acts as a simple purge, whereas one grain given in divided doses is adequate to produce the peculiar physiological effects of mercury, as ptyalism, etc., as has been shown by Dr. Law of Dublin. When I speak of small doses, I do not of course refer to globules of the 30th dilution, as recommended latterly by Hahnemann, Hering, and others, which I suspect most of us might take till doomsday without producing much effect, unless we were endowed with the delicate sensibility of that wonderful foundling Caspar Hauser, who, according to Dr. Preu,^d could tell the action of a medicine by merely putting his finger on the cork of the bottle in which globules of it in the 30th dilution were contained; or unless we were constantly in a state of mesmeric clairvoyance. The small doses I allude to are not to be measured by any such Procrustean standard, but must vary for every medicine according to its strength, and for every individual according to his susceptibility. They are doses of sufficient strength to produce the specific without the irritant, chemical, or mechanical action of the drug. The recommendation given by Griesselich not to prove the drug in tincture if a considerable quantity is required in order to produce an action is worthy of attention, for the spirit in any considerable quantity must materially interfere with the purity of the medicinal action.

Genuineness and purity of the medicinal agent we

^d Arch., xi. 3, 1.

employ should be a prime requisite, and patient endurance and prolonged attention on the part of the prover are indispensable to the success of his trials. The records of cases of poisoning do not in general throw a very satisfactory light on the pathogenetic action of the drug, for in such cases it has generally been swallowed in such large doses as to cause more of its general or irritant action than of its specific characteristic effects. The symptoms observed in the sick while under the action of a medicine given in large doses, and still more when given in small doses, are altogether untrustworthy and should not be admitted, except as corroborating what we have already ascertained on the healthy. To admit into the *Materia Medica*, as has been done by some, the symptoms of disease that have ceased under the administration of a drug, or, still worse, such as have been aggravated by it, is altogether a mistake, and would deprive our *Materia Medica* of all claim to the title of *pure*.

The slow poisoning of inferior animals may often be of use in enabling us to ascertain the precise organs on which a medicine chiefly acts, but this must always be a subordinate source for our *Materia Medica*. It does not, however, merit the complete condemnation pronounced on it by Hahnemann.*

In conclusion, I would earnestly advise all homœopathic practitioners to institute some experiments on themselves, in order to ascertain the pathogenetic action of drugs. By so doing, they will find that they will obtain a much better idea of the value of the contents of our *Materia Medica*; and I hold that every one who adopts the homœopathic method of treatment, and avails himself of the sufferings of others to guide him in the selection of remedies, is bound in honour to contribute by his own sufferings to the common treasury of our *Materia Medica*, and thereby liquidate a portion at least of the debt of obligation he is under to Hahnemann and the other pioneers of homœopathic therapeutics.

* Essay on a New Principle, Lesser Writings, p. 299. However, in the pathogenesis of arsenic, Hahnemann (R. A. M. L. ii.) details the symptoms of poisoning by that substance on a horse, but more as a matter of curiosity than as useful for human therapeutics. He says, indeed, that if we had many such records of poisonings in the lower animals, we might then be able to have a pure *Materia Medica* for them, and do away with the quackery of the present veterinary art.

LECTURE VIII.

ON THE PRIMARY, SECONDARY, AND ALTERNATING ACTIONS OF MEDICINES.

HAVING in my last lecture endeavoured to explain to you how we ought to interrogate the organism in reference to the pathogenetic powers of drugs, I shall now attempt to ascertain the exact signification of the answers we receive.

And first let us hear what Hahnemann says on this subject. In his first essay so often alluded to he has the following:^f—

“Most medicines have more than one action; the first a *direct* action, which gradually changes into the second, which I call the *indirect* secondary action. The latter is generally a state exactly the opposite of the former. In this way most vegetable substances act.” As an example of these two actions he instances the effects of opium, which, in its primary direct action, causes a fearless elevation of spirit, a sensation of strength and courage, and imaginative gaiety; but in its secondary indirect action, which occurs from eight to twelve hours afterwards, there ensue relaxation, dejection, diffidence, peevishness, loss of memory, discomfort, fearfulness.

“A few medicines are exceptions to this rule, continuing their primary action uninterruptedly of the same kind, though always diminishing in degree, until after some time no trace of their action can be detected, and the normal condition of the organism is restored. Of this kind are the metallic and other mineral medicines, such as arsenic, mercury, lead, etc.”

In the *Medicine of Experience* he has the following observations on the same subject:^g—

^f Lesser Writings, p. 312.

^g Ibid., p. 517.

"In the action of simple medicines on the healthy human body there occur, in the first place, phenomena and symptoms, which may be termed the *positive* disease, to be expected from the specific action of the medicinal substance, or its *positive* primary (first and principal) effect. When this is past, there ensues in hardly appreciable transitions the exact opposite of the first process (especially in the case of vegetable medicines), then occur the exact opposite (*negative*) symptoms, constituting the secondary action."

In the first edition of the *Organon* he distinguishes the two actions by the terms *primary* and *secondary symptoms*.

The discrimination of the primary and secondary action was a point of some importance according to Hahnemann, as the choice of the homœopathic specific medicine was dependent upon it; for, as he says in the *Medicine of Experience*,¹ it is the symptoms of the *primary action* of the drug that should correspond to those of the disease, in order that the drug should be a *positive* or *curative* remedy, and not a mere palliative.

Thus by his doctrine of primary and secondary actions he divides medicines into *homœopathic*—which alone are the curative ones—and *palliative*, which are those generally employed in the old system. A palliative medicine, he tells us in the *Medicine of Experience*,¹ is one whose positive primary action is the opposite of the disease. This, he elsewhere informs us, is the enantio-pathic or antipathic method—that founded on the principle *contraria contrariis curantur*.

In the last edition of the *Organon* we have a still fuller explanation of the primary and secondary actions of medicines, which I shall now read to you:—

"Every agent that acts upon the vitality, every medicine, produces more or less change in the vital force, and causes a certain alteration in the health of the individual for a longer or shorter period. This is termed *primary action*. Although a product of the medicinal and vital powers conjointly, it belongs principally to the

¹ Lesser Writings, p. 517.

¹ Ibid., p. 519.

influencing power. To this influence our vital force endeavours to oppose its own energy. This reaction belongs to our preserving vital force, of which it is an automatic action, and it is termed *secondary action* or *counter-action*.

"During the primary action of the artificial medicinal agents (medicines) on our healthy body, our vital force seems to conduct itself merely in a susceptible (receptive, as it were passive) manner, and appears, so to say, compelled to permit the impressions of the artificial power acting from without to take place in it, and thereby alter its state of health; it then, however, appears to rouse itself again to action, and to develop (a) the exact opposite condition (*counter-action*, *secondary action*) to this effect produced on it (the *primary action*), if there be an opposite to it, and that in as great a degree as was the effect (*primary action*) of the artificial morbid or medicinal agent on it, and in proportion to its own energy; or (b) when there is not in nature a state exactly the opposite of the primary action, it appears to endeavour to recover its lost balance, that is, to make its superior power available in the extinction of the change wrought in it from without (by the medicine), in the place of which it substitutes its normal state (*secondary action*, *curative action*).

"Examples of a are frequent enough. A hand bathed in hot water is at first much warmer than the other hand that has not been so treated (primary action), but when it is withdrawn from the hot water and again perfectly dried, it becomes in a short time cold, and at length much colder than the other (secondary action). A person heated by violent exercise (primary action) is afterwards affected with chilliness and shivering (secondary action). To one who was yesterday heated by drinking much wine (primary action), to-day every breath of air feels too cold (counter-action of the organism, secondary action). An arm that has been kept long in very cold water is at first much paler and colder (primary action) than the other; but removed from the cold water and dried, it subsequently becomes not only warmer than the other, but even hot, red, and inflamed (secondary action, re-

action of the vital power). Excessive liveliness follows the use of strong coffee (primary action), but torpor and drowsiness remain for a long time afterwards (reaction, secondary action), if this be not always again removed for a short time by imbibing fresh supplies of coffee (palliative). After the deep stupified sleep caused by opium (primary action), the following night will be still more sleepless (reaction, secondary action). After the constipation produced by opium (primary action) diarrhoea ensues (secondary action); and after purgation with medicines that irritate the bowels, constipation and costiveness of several days' duration ensue (secondary action). And in like manner it always happens, after the primary action of an agent that produces in large doses a great change in the health of a healthy person, that its exact opposite, when, as has been observed, there is positively such a thing, is produced in the secondary action by our vital force."

In the next paragraph of the *Organon*, he seems to imply that in his experiments with medicines only the primary action was produced.

"An obvious antagonistic secondary action, however, is, as may readily be conceived, not to be noticed from the action of quite minute homœopathic doses of the deranging agents on the healthy body. A small dose of every one of them certainly produces a primary action that is perceptible to a sufficiently attentive observer; but the living organism employs against it only so much counter-action (secondary action) as is necessary for the restoration of the normal condition."^k

And this opinion is more decidedly expressed in a subsequent paragraph,^l where we find the following statement:—

"In the older descriptions of the often dangerous effects of medicines ingested in excessively large doses, we notice certain states that were produced, not at the commencement but towards the termination of these sad events, and which were of an exactly opposite nature to those that first appeared. These symptoms, the very

^l *Organon*, §§ lxiii., lxiv., lxv.

^k *Ibid.*, § lxvi.

^l *Ibid.*, § cxii.

reverse of the *primary action*, or proper action of the medicine on the vital force, are the reaction of the vital force of the organism, its *secondary action*, of which there is seldom or never the least trace from experiments with moderate doses on healthy bodies, and from small doses none whatever."

And in another paragraph he has these words:—

"In experiments with moderate doses of medicine on healthy bodies we observe only their primary action."^m

He reiterates this statement with still greater force in another place:—

"The more moderate, within certain limits, the doses of the medicine used for such experiments, the more distinctly are the *primary actions* developed, and these, which are most worth knowing, occur alone, without any admixture of secondary actions or reactions of the vital force. When excessively large doses are used, on the other hand, there occur not only a number of secondary actions among the symptoms, but the primary actions also come on in such hurried confusion and with such impetuosity that nothing can be accurately observed."ⁿ

In Hahnemann's *Materia Medica* we find various instances of primary and secondary action noticed. Thus in the pathogenesis of *china* we find the following observation in a note:—"The constipation of cinchona bark is secondary action or reaction of the organism against the great tendency of this medicine to cause diarrhoea in its primary action." Of *chamomilla* he says, "All symptoms of constipation of the bowels are secondary action, *i. e.*, reaction of the organism against the effort of chamomilla to produce diarrhoea in its primary action." In his remarks on *digitalis*, he states that the diminution of the velocity of the pulse is primary action, but that after a few days the pulse becomes increased in velocity and smaller, and this is counter-action or secondary action. Again of *squilla*, he says that in its primary action it causes great diuresis, but in its secondary action there ensues diminished secretion of urine. Of *sarsaparilla* he states that the diuresis it causes is secondary action,

^m Organon, § cxiv.

ⁿ Ibid., § cxxxvi.

but in the same medicine, as it stands in the *Chronic Diseases*, this symptom is recorded without any such damning expletive, and therefore we are to conclude that he looked upon it as primary action, as indeed we observe it to be in the provings of other individuals; at least, it occurs very shortly after the ingestion of the medicine. Of *opium*, he says it weakens the muscular force in the secondary action, whilst in the primary action it exalts the same force.

Although in the earlier editions of the *Pure Materia Medica* the designation of certain symptoms as primary and secondary actions is very frequent, we observe, as we trace Hahnemann through the later editions of his works, that what he would formerly have denominated by these names he subsequently calls *alternating actions*, and it will be found that in his last works we very seldom meet with either designation; and even in the case of medicines the original provings of which appeared in the *Materia Medica*, many symptoms of which were marked as secondary actions, as they stand in the *Chronic Diseases* the epithet secondary action is either altogether omitted or only very rarely inserted, and in the new medicines, although exactly similar symptoms abound, the term secondary action is seldom or never applied to them. This fact seems to indicate that Hahnemann's mind underwent some important change in reference to his original idea of primary and secondary actions of medicines; indeed, he seems to have almost if not quite abandoned it, and to have admitted all the symptoms that occur during the action of the medicine as available for therapeutic use, which we have seen was not the case whilst he divided the symptoms into primary and secondary actions; for he distinctly states that the disease must resemble the primary action of the medicine, in order that the latter should be a *positively* curative agent.*

Indeed, from the passage I quoted just now from the 112th paragraph of the *Organon*, it is quite obvious that he latterly regarded all the symptoms whatsoever that oc-

* Medicine of Experience, Lesser Writings, p. 517.

curred during the proving with moderate and still more with small doses, as primary action, though it is manifest, if we look into the earlier editions of the *Materia Medica*, that he then frequently met with secondary actions. My own opinion, judging from all these facts, is, that Hahnemann latterly gave up altogether the notion of primary and secondary actions, but that he did not exactly like to recant actually his dogmatically expressed notions on the subject, and so he contented himself with doing so virtually, by alleging that in his provings only the one kind of action was observed. It is very obvious that the distinction of primary and secondary actions, which Hahnemann at first regarded of so much importance, was subsequently nearly if not altogether neglected by him. We may, then, conclude that the doctrine of primary and secondary actions of drugs is not a cardinal point in Hahnemann's system, and we may therefore freely criticise it, without fear of incurring the censure of the self-constituted champions of pure Hahnemannism.

But though Hahnemann, as we have just seen, denied that the moderate or small doses which he administered in order to test the physiological action of drugs could produce what he denominated secondary action, or the exact opposite condition of that first produced, he found that even his moderate or small doses often produced states directly antagonistic to each other. At first, as we have noticed, the last of these was denominated secondary action, and held to be useless as a therapeutic guide, and therefore undeserving of being recorded as an effect of the medicine in the *Materia Medica*, unless accompanied by the warning epithet of "secondary action," as the Humane Society warns us off unsafe parts of the Serpentine by labelling them "dangerous;" but whether Hahnemann found that if he excluded all the antagonistic symptoms he would thereby greatly curtail the dimensions of each schema, or whether it was that experience taught him that some antagonistic actions were serviceable in a therapeutic point of view, as, for example, *nux vomica*, *pulsatilla*, *sulphur*, etc., are capable of producing and curing both diarrhoea and constipation, we cannot tell, but certain it is that *secondary action* became a much less

frequent expletive in his pathogenetic records, and its place was for a while taken by a new expression, viz., *alternating action*. Without revoking formally his previously expressed notions of *primary* and *secondary* action, Hahnemann states that he applies this new expression to designate "the alternating condition of the different paroxysms of action of the primary action,"^p and he virtually excludes the secondary action from his provings, though he still retains the notion in his *Organon*.

It cannot escape any student of Hahnemann's works that an idea once entertained or an opinion once broached by him is rarely entirely abandoned or formally rejected in his works, even though it is virtually superseded by another idea; and the consequence is, that in his writings, and more especially in the *Organon*, and particularly the later editions of it, we find statements side by side almost diametrically opposed to each other. He seems unwilling to efface what he had previously written, but retains the older notion, though the more recent one virtually extinguishes it. Of this we shall see frequent examples as we advance, but I may merely remind you of certain anomalies and contradictions I hinted at in my last lecture. Thus, in one place, he describes minutely the mode of testing remedies in their crude state, and lays down dogmatically the rules that should guide us in giving the medicine in tincture, powder, infusion, or solution, and the various quantities in which stronger or weaker drugs should be ingested in order to develop symptoms; and a few paragraphs further on he lays down as a rule that all medicines should be proved in globules of the 30th dilution, for in that state they are best adapted to develop their peculiar effects, the stronger as well as the weaker. The former of these notions was his first one, but though he virtually does away with it by his later opinion, he retains both. Again he states in one paragraph that it is a useless and uncertain plan to test medicines on patients—this being his original opinion. A few paragraphs further on he says it is quite a commendable and proper plan to test medicines on the sick—apparently

forgetful that he had ever denounced it. Though, as we shall hereafter see, Hahnemann does occasionally solemnly recant an opinion he previously held, yet he generally evinces an insuperable repugnance to do so, and shows a great dislike to cancel any opinion he had previously expressed, diametrically opposed though it may be to his later views.

Knowing this peculiarity of Hahnemann's mental organization, we have less difficulty in understanding his virtual abandonment of the doctrine of secondary actions, whilst it still retains a place in the systematic exposition of his doctrines.

Having thus seen that Hahnemann after a time ceased to employ the term secondary action (or rather *after-action*, for that is the exact meaning of the word *nachwirkung*, which I have hitherto rendered *secondary action*), and that the expression *alternating action* became for a time a frequent epithet attached to certain symptoms in his schemas, let us for a moment look to a few examples of this alternating action, expressly indicated as such by himself. Thus among the symptoms of *arsenic* in the *Materia Medica*, we have the following:—"Bitter taste in the mouth after eating," and this is said to be an alternating action with another symptom, "bitter taste, without having ate anything." In the same medicine, the symptom "adypsia" is said to be an alternating action with "thirst." In the pathogenesis of *aurum* there are some symptoms marked "alternating action" that in former years would inevitably have been called secondary or curative action. These symptoms are "gaiety and good humour," in opposition to "melancholy and low spirits," the latter being the most characteristic action of gold, and indeed the moral state that chiefly influences us in our employment of it as a therapeutic agent.

In the pathogenesis of *digitalis*, "retention of urine" is stated to be a rare alternating action of that medicine, but this would probably have figured in Hahnemann's earlier career as a secondary action, and therefore useless in a curative point of view.

In *stannum*, "extravagant gaiety" is stated to be an alternating action, whereas mere "good humour and socia-

bility" are denominated secondary or curative action; it is obvious that these two states are merely different degrees of the same moral condition, and it is difficult to conceive why the lesser should be unfit for therapeutic use while the greater is.

I might multiply these examples almost *ad infinitum*, but I think I have adduced instances enough to convince you that the so-called *alternating action* latterly usurped the place of *secondary action* in Hahnemann's system. This alternating action was regarded by Hahnemann as quite available for the purposes of therapeutic indication, and the epithet, when it occurs after a symptom, is not to be understood as diminishing the value of that symptom in the slightest. It would almost seem as though Hahnemann had invented the term in order to preserve from annihilation many symptoms of his provings, which in his earlier days he would have left out altogether, or only inserted with a qualifying epithet that would have diminished their value to the homœopathic practitioner; as though he had in his later years become so avaricious of every symptom that presented itself whilst taking the medicine, and for weeks or even months afterwards (for to such a length of time do some of his observations refer), that he could not bear the thought of expunging one of them. Or more probably, he found that what he was at first disposed to reject as secondary symptoms were equally available for curative purposes with those he termed primary symptoms; and he therefore found it necessary, as far at least as his own physiological experiments went, to modify his theory of primary and secondary actions; accordingly he limited the occurrence of the latter to the consequences of the ingestion of enormous doses of the medicament, whilst he at the same time contended that moderate or small doses could only produce primary actions; and aware that these were often apparently of an antagonistic character, he invented the expression *alternating actions* for these contradictory symptoms, an expression which involves an altogether new theory of the action of drugs. But it seems soon to have become apparent to Hahnemann, that having abandoned the notion of the occurrence of secondary actions after the

moderate doses in which he proved the medicines, it was not necessary to indicate by any particular term the antagonistic symptoms that presented themselves in his provings. Every symptom that occurred after the administration of a medicine to a healthy person, in the smallest dose, he registered as medicinal action, therefore as indicative of curative power; and the length of time that might elapse after the ingestion of the medicine, before the observation of the symptom, was something incredible in his later provings; ten, twenty, thirty, forty, or fifty days being no unusual period. Accordingly we find that the expression *alternating action* becomes very rare in the medicines treated of in the *Chronic Diseases*, and even many of those very symptoms of a medicine, which in the *Materia Medica* were stated to be alternating actions, are simply recorded in the *Chronic Diseases* without any such qualifying epithet. Thus the symptoms I have just cited from the *Materia Medica* belonging to *arsenic*, there stated to be alternating action, are not so designated in the *Chronic Diseases*. The same is the case with the symptoms of *stannum* I have alluded to, and I might quote many other similar facts to show that as Hahnemann had previously abandoned the secondary action in his provings, so also he gradually dropped the alternating action. How very different Hahnemann's notions on the subject were at different times will be most strikingly observed if we compare his first *Essay on a New Principle*, where for every medicine mentioned the primary and secondary actions are carefully noted, with his later provings in the *Materia Medica* and *Chronic Diseases*, where at first the secondary action becomes modified into alternating action, and afterwards both expressions are quietly consigned to the tomb of all the Capulets.

For many years Hahnemann's disciples accepted unquestioningly his division of symptoms into primary and secondary, curative or reactive, and alternating, especially as Hahnemann at first professed to found his therapeutic law upon these several kinds of actions. One of the earliest of his disciples to enter the field against this division of symptoms was Dr. Hering of Philadelphia, who in

several places combats this idea. What Hahnemann denominates *secondary* actions, he is inclined to regard as nothing more than alternating actions, and in what Hahnemann calls the reaction of the organism, he sees nothing more than the *restitutio in integrum*, therefore no action properly so called, but just a cessation or termination of all action on the part of the medicine. Strictly speaking, then, he sees only *action* from the administration of a medicinal agent to a person in health, and that action limited to what Hahnemann denominates *primary action*, of which nature, he also contends, the opposite states that occur consist; those states that Hahnemann latterly termed alternating actions.¹

In Dr. Hering's last work² he alludes with satisfaction to his attack on Hahnemann's notion of primary and secondary symptoms in the following words:—"This," he says, in allusion to the slower than normal pulse some provers of glonoine experienced after the primary acceleration of the pulse, "this gives a good picture of that wave-like medicinal action which Hahnemann would have had us distinguish as primary and secondary action, and which he only in an exceptional manner denominated alternating action, but which, according to my view, which is now almost universally accepted, must be regarded simply as medicinal action from first to last, be the time longer or shorter, for what is called reaction of the organism has no existence" [is a nonentity].

Piper, whose views I detailed in my last lecture on the subject of physiological provings, regards the disease as a whole, and the medicinal disease or effect of the medicine given to a person in health likewise as a whole, and cannot see the propriety of denominating the symptoms observed primary and secondary, or in fact anything else but merely *symptoms of medicinal disease*.

Helbig, in his *Heraclices*,³ considers the contradictory, primary and secondary actions to be extremes that meet, mere alternating actions.

Watzke, in his *Proselytising Letters*,⁴ states that in the primary action the clue to the secondary action is

¹ Arch., xv. 1.

² Amerikanische Arzneiprüfungen, i. 26.

³ Op. cit., Part I. p. 14, note; Part II. p. 31.

⁴ Bekehrungsepisteln, p. 80.

given ; that the latter is determined by the quality and intensity of the former ; it would be perfectly erroneous to represent the one as standing in direct opposition to the other, there being, in fact, no well-defined limits between the two. He considers the alternating actions as two extremes that touch each other. He recognises the primary and secondary actions as the common product of medicine and vital reaction ; what figures in one place as primary action and in another as secondary action merely indicates the preponderance of one or another factor in one and the same process.

Attomyr, in his essay on the *Theory of Homœopathy*,^u assigns great merit to Hahnemann for his division of the symptoms of medicines into primary and secondary actions, but he evidently entirely mistakes Hahnemann's ideas on the subject ; for he says, "the primary action is evanescent, transient, and ceases as soon as the medicine has ceased to act, whilst the secondary action that proceeds exclusively from the organism is the proper curative and morbid one." I have already shown that Hahnemann's doctrine was exactly the reverse of this. How often does a theorist read in the writings of an author the exact opposite of what that author says. For this there may be some excuse when the language employed is obscure and the manner of expression involved. But Hahnemann's words on this subject are as clear as daylight. According to Attomyr, the medicinal disease is like a parasite which tries to assimilate the organism to itself, and its efforts to do so constitute the primary action, whereas the efforts of the organism to resist this assimilation are the secondary action. What I have said in former lectures respecting the nature of the morbid and the curative processes is a sufficient answer to the very improbable theory of Attomyr's, both as regards the parasitical character of the medicinal disease and the part he supposes the medicine and organism respectively to play.

Dr. Kurtz^v has treated of this subject at considerable length. He declares that Hahnemann's division of medicinal action into primary and secondary is not tenable.

^u Arch., xiii. 1.

^v Hyg., xxii. 225.

He founds his views upon the maxim that the rule for everything that is not brought into action spontaneously is, that there shall be variations or wavering in the phenomena of action; from this wavering contrarieties result. All medicinal agents (and the remote causes of disease) belong to the class of external irritants or stimuli. Every irritant as a rule produces in the organism (provided it be not already affected in the direction of the medicinal irritation) at first an excitation of the functional activities and afterwards a depression of them, provided its action be relatively moderate, *i. e.*, the dose of it be not too strong. If, however, it be relatively in excess, the depression occurs at once; the restoration of the normal equilibrium will in the latter case only take place after the depression passes into excitation; it rarely happens that irritants cause excitation only. Excitation and depression of the functional actions may be confined to certain organs or parts of organs, and thence extend to other parts. Every medicine, says Kurtz, at first involves only some one organ or other; hence it is comprehensible how effects that are propagated from this part shall occur at a later period, and why in various organs even contrary actions occur. Excitation and depression, he says, as the result of a medicine given to a healthy individual, do not depend absolutely on its quality, but—1, on the quantity in which it is given at once or by degrees; 2, on the constitution of the prover, or even on his actual state at the time. Kurtz then shows clearly what I have already pointed out, that Hahnemann virtually abandons in his later provings the different kinds of actions on which he at first insisted so strongly; and as regards the narcotic medicines, which Hahnemann sought to make an exception,* Kurtz shows that they do not form any exception at all.

Trinks* says, "a careful investigation and consideration of all the phenomena produced by the action of a medicine on the human organism, does not allow us to make a distinction of them into primary and secondary

* Organon, § cxiii.

* Handbuch xiii.

actions, but teaches us that all the phenomena produced by a medicine in the organism, without exception, must be regarded as the peculiar effects of the medicine, however long they may last. This is the essential natural signification of every phenomenon that occurs during the action of a medicine on the healthy human system, and we should be opening the door to caprice were we to admit the validity of this distinction, which has no foundation in nature. There is not a single criterion whereby we can distinguish the medicinal action from the pretended reaction of the organism. The constipation that ensues after the irritation of the bowels caused by rhubarb is no secondary action or reaction of the organism, but merely a sign that the action of the rhubarb in the intestines has come to an end. Therefore," he repeats, "all cognizable symptoms whatever, occurring during the proving of a medicine on the healthy animal organism, must be regarded as the peculiar effects of such medicine, and on that account registered with the greatest accuracy and fidelity." Of the so-called alternating actions, he says that they belong to the peculiar actions of those medicines by which they are produced, and are of great practical importance, because by the very apparent contrariety of their symptoms they are adapted to the cure of such diseases as are distinguished for a similar alternating state. "These alternating actions," he adds, "are peculiar to very many medicines, just as it is peculiar to other medicines to display their effects in rapid alternation in the most different and widely separated tissues and organs."

Schrön^r takes quite a different view of the primary and secondary symptoms from any I have met with elsewhere. If his ideas were carried out to the letter, the thousand and one symptoms of each medicine in Hahnemann's *Materia Medica* would soon be more than decimated. He says the symptoms furnished by a medicine should be divided into two classes; in the first and only important class we should include those symptoms that are common to all the provers (at least all of the same sex); these

are the primary, the idiopathic, the specific, the characteristic actions of the medicine; and in the second class, which is of less use to the practitioner, we should put all those symptoms which occurred in but few of the provers; these are the secondary, the sympathetic actions of the medicines, and are of importance, as the corresponding symptoms of the natural disease, in assisting our diagnosis of the medicinal disease. But he would cut out a whole number of the symptoms which might be supposed at first sight to belong to the first class, in consequence of their occurring in all or almost all the provers, but which actually are only sympathetic symptoms, and throw no light on the specific action of the remedy; these are the general symptoms common to almost all provers and all medicines, such as confused head, loss of appetite, prostration of the powers, and the like. No doubt it would be a great blessing to the practitioner to free the *Materia Medica* from all these and other unimportant symptoms; but where is the skilful pruner that can show his qualifications for the task? if he went on Dr. Schrön's principle, he certainly would lop off some fruit-bearing branches, as well as the rank and valueless shoots;

"For, after all, 'twould puzzle to say where
It might not spoil some separate charm to *pare*."

Schrön, it will be seen, is the reverse of Hering, who would bind up tares and wheat together. The former, I believe, if his plan were adopted, would sacrifice much good wheat, with but a doubtful chance of getting rid of the tares.

Arnold,* characterises Hahnemann's division of symptoms into primary and secondary actions as one-sided, and neither indicative of a comprehensive observation of the facts nor commensurate with the present state of medical knowledge. A medicinal agent, he says, may have been long in contact with the organism, and have produced changes in it, without giving rise to any perceptible alterations in the health or functions of the body. Thus, common salt may be taken for a long time and in large quantities by a robust individual, without causing the

* *Idiop. Heilverf.*, 296.

slightest change in the sensations, though the blood may in consequence have lost considerably of its coagulability, etc. The actual effects of a medicine, or the alteration it causes in the organic functions and sensations of the body, present many varieties and contrarieties, which depend on the period and duration of its action, and also on the strength of the dose, its repetition, the activity and endurance in the vital operations, and many other circumstances. Hence it is one-sided to divide such variations and contrarieties into primary and secondary actions; but the stress that some physicians have laid upon the occurrence of alternating actions is quite right. The very same phenomena, he observes, that occur as the secondary action of large doses we frequently notice as the primary action of small doses; thus, rhubarb, aloes, and other substances which cause increase of the intestinal evacuations in large doses, followed by constipation, do often in small doses cause constipation in the healthy. Dr. Arnold gives many more illustrations to the same effect, and on the whole concludes that the division of symptoms into primary and secondary actions, as Hahnemann understood them, is untenable, but that alternating actions are common and important phenomena in the course of medicinal diseases. He agrees with Helbig, in believing that the symptom of a medicine is all the more important for its selection, if that medicine is capable of producing an opposite symptom in the same part.

Hirschel^a says if we examine attentively the secondary actions, as they have been termed, we shall find—
1. That they do not belong to the organism alone, just as the primary actions do not depend on the medicinal action alone, but that they are a continuation of the phenomena of the medicinal disease. 2. The so-called secondary action, as, for example, the constipation after diarrhœa, is merely a sign that the medicinal action has ceased, and that the organism has resumed its sway. 3. In other cases the reaction that occurs is nothing more than the curative action, an alteration effected by the medicine, the prover being previously in an opposite state.

^a Die Homöopathie, 136.

4. In other cases the secondary actions are merely alternating actions, that is, symptoms of one and the same medicine that are apparently contradictory.

Dr. Drysdale, in a paper on the proving of medicines,^b accepts without comment Hahnemann's division of symptoms into primary and secondary. He insists strongly that the latter should be excluded from the pathogenetic record, but he does not tell us how they are to be recognised, consequently we shall be unable to obey his behest; for all so-called secondary symptoms in the Hahnemannian sense are not so easily recognised as the constipation that follows excessive purgation. Drysdale's selection of the constipation in the schema of chamomilla as an illustration is, I think, unfortunate; for, in spite of Hahnemann's assertion that it is secondary action, I find that in two out of the four symptoms it occurred in from one to four hours after the ingestion of the remedy, consequently not as a secondary action in the sense Drysdale would attach to the word; indeed, one of the symptoms (183) should be rendered rather "tardy action of the bowels," or "slow expulsion of the fæces," than "constipation," which it is not and cannot be, occurring as it does at so short a period after the ingestion of the drug. Another of the symptoms (182) might be rendered "constipation," as it is followed by no explanation; but the remaining two symptoms (180, 181) are merely "sensations in the bowels, like those caused by constipation." All these, however, Hahnemann alleges to be secondary action, though, as before said, two of them are said to occur within four hours after the ingestion of the medicine.

Gerstel,^c in his re-proving of aconite, proposes a somewhat odd variation of Hahnemann's division of symptoms, and suggests that what Hahnemann terms the primary action or the stage of the invasion of the medicinal disease, the direct changes caused by the external agency, *i. e.*, the drug, should be termed *passive symptoms*, and the reaction of the organism against this action he proposes to dub *active symptoms*. The former, the

^b Brit. Journ. of Hom., vol. i.

^c Est. Ztech., i. 2, 191.

primary or passive symptoms, he alleges, in direct opposition to what Hahnemann says, are useless for homœopathic curative purposes; the latter, the secondary or active symptoms, being exclusively available in homœopathic practice. In his arrangement of the symptoms of aconite, he actually attempts to institute this division, and we have his "passive symptoms" and his "active symptoms" distinguished from each other by being printed in different type. It is almost needless to remark that the worthy author loses himself in hopeless and helpless confusion in the execution of his impossible task—*impossible* because he starts with the fallacy that the symptoms caused by a medicine can be of the character he describes, and impossible because, even though they were such as he represents, it is utterly beyond the powers of a finite mind to tell which is which. In looking over Gerstel's schema, we cannot but wish that, in place of attempting to point out the two different kinds of symptoms, he had followed the celebrated showman's plan, and allowed us, after paying our money for his work, to make our own choice. His reputation would not have been injured by this plan, and we should not have been repelled from his schema by its ridiculous pretensions to an unmeaning and useless separation of symptoms.

Dr. Schneider, in his recent work on *Materia Medica*,⁴ has committed himself to a classification of the symptoms obtained from the provings of medicines precisely analogous to Dr. Gerstel's arrangement. In place, however, of dividing the symptoms into passive and active, he has arranged them into *positive* and *negative*. As he has not yet favoured us with an explanation of what he means by such a division of the symptoms, nor of the practical advantages of his arrangement, I am not in a condition to express a decided opinion respecting its value; but as far as I can judge, his positive symptoms correspond to Gerstel's active symptoms, and his negative to Gerstel's passive. I do not know, for he does not say, if he considers, like Gerstel, the first-named

⁴ Handbuch der reinen Pharmacodynamik. Magdeburg, 1863.

class of symptoms alone available in practice; but if not, and if he does not intend any practical advantage to flow from this artificial separation of symptoms, I cannot conceive why he should have complicated his *Materia Medica* by adopting it, as without that the arrangement is sufficiently complex and unpractical.

Griesselich* has the following sensible observations on the subject of which I am now treating:—"With the disappearance of all phenomena," he says, "which indicate an alteration of the regular state of the prover, the medicinal disease is at an end and the healthy vital action is restored. If the prover *before* the experiment was of a cheerful disposition, was in the habit of having a regular motion every day, etc., if during the proving his disposition was gloomy, his bowels irregular, etc., and if after the expiry of these phenomena all becomes again quiet, this is not *curative action*, but simply a *restitutio in integrum*. If the prover, during the course of his experiments, is at one time gay, at another melancholy, has at one time constipation, at another diarrhoea, at one time strangury, at another incontinence of urine, etc., these are states that alternate with one another, alternating states; but if the previous state again recurs after the proving, then the alternating state has run its course and terminated, and this termination has nothing to do with the medicine. Therefore," he continues, "I agree with Helbig, Piper, and Kurtz, and look upon all that occurs as only medicinal action, after the disappearance of which affairs return to the old state."

I have thus presented you with a condensed view of the principal opinions that have been expressed relative to this point of Hahnemann's doctrines, and I shall now in conclusion lay before you my own notions upon the subject. It seems to me that we cannot view the medicinal disease, or the abnormal symptoms produced by the action of a drug on the healthy human body, differently from the natural disease that occurs from the ordinary morbid influences. In the course of a natural disease we often observe symptoms directly antagonistic occurring.

* Handbuch zur Kenntniss, p. 101.

Thus in the case of febrile diseases, we often see coldness followed by heat, diarrhoea followed by constipation, diminished urinary secretion followed by diuresis, but no one thinks of saying such and such a symptom is the primary action of the morbid agent, such and such other the secondary action or reaction of the organism. We regard the disease as a whole, and look upon every symptom that presents itself as an integral part of that array of morbid phenomena which we denominate the disease. It is in this way that the various groups of morbid phenomena presented by the ingestion of a drug in a form and a dose sufficient to cause a disturbance of the health of a healthy individual must be studied. Differences of age, of temperament, of sex, of irritability, on the part of the provers; of dose, of strength, of periods and intervals of its administration, on the part of the drug, will give rise to corresponding differences in the results obtained, just as the same differences will produce variations in the phenomena of a disease of a certain invariable fixed character. To the production of all morbid phenomena two things are essential, the exciting cause or morbid agent, and the predisposing cause or susceptibility of the organism. Accordingly all morbid action whatsoever is the product of these two factors, and it would be illogical to pretend to determine that one set of phenomena was the effect of the morbid agent, another set the reaction of the organism against such agent. All the subjective and objective phenomena are alterations in the vital functions, sensations, and structures, and all are equally dependent on the invasion of the morbid agent. The morbid agent is in every case the cause, the resultant morbid phenomena in every case the effect. It is true that in medicinal diseases, as in natural diseases, we have some symptoms that may be termed idiopathic, and others that are evidently sympathetic; but both sets of symptoms contribute to make up the features of the morbid picture, whether medicinal or natural, and it boots little to determine which are idiopathic, which sympathetic, provided we know what phenomena do occur, and what is their sequential order and their mutual connection. What we have to do in a curative point of view is to find a

medicinal disease an exact or nearly exact parallel to the natural disease, and that not merely as regards the derangement of one organ, but the concomitant derangement of all the organs affected in both. This Hahnemann perceived better than any man, and this he always practically acted on ; and though we do indeed find that he inculcates theoretically the doctrine of primary and secondary actions in the sense shown in the passages of the *Organon* I have read, he, as I before pointed out, loses sight in practice of the distinction he had so carefully made. The slow and strong pulse, caused in the first instance by digitalis, is not more an effect of digitalis on the organism than the rapid and weak pulse that is observed in the subsequent stages of the digitalis disease ; and any one who would describe the action of that drug on the healthy economy would give us but a one-sided view of its powers were he to mention the first series of phenomena only. In like manner, opium in moderate doses causes in the first instance great excitement, elevated ideas, increase of physical power, and subsequently corresponding depression, gloomy thoughts, feebleness and exhaustion, and the second part of its effects is as characteristic as the first, and as certainly an action of opium as the first was. If we look at the phenomena of disease, we shall often find the same or similar alternations. A disease is often ushered in with great excitement, increase of muscular force, etc., and the next stage of it is equal depression of mental and bodily powers, just as we have seen the application of an irritant followed first by increased action and contraction of the capillaries, to be succeeded by diminished action, passive dilatation and consequent stagnation of their fluid contents. Hahnemann's original ideas relative to primary and secondary, or, as he at first termed them, *direct* and *indirect* actions, exercised a fatal and pernicious influence on his mode of recording the results of his physiological experimentations with drugs ; so that, in place of giving us connected features of medicinal diseases as they occurred, the different features of those diseases are cut up and dis severed from their natural connections. The Hahnemannian schema is as unnatural and artificial an

arrangement of the features of many allied morbid portraits as though an artist should paint a family group, arranging all the eyes of all the members of the family in one part of the picture, all the noses in another, the ears all together, the mouths all together, and so on. From such a picture, correct though each feature might be, it would be a difficult matter for us to build up each separate portrait, and it is equally difficult for us to ascertain the various morbid portraits from the *tableaux* Hahnemann has presented us with in his *Materia Medica*.

It would indeed be hard enough to recognise a well-known disease of fixed character, if all the symptoms were disunited from their natural connections, and the whole complex of symptoms arranged not according to the period of their occurrence, but according to a most artificial, topographical plan, commencing at the head and going down to the feet. Supposing the symptoms of such a common disease as scarlet fever thrown together in this way, who would recognise the disease? Would not every one be disposed to say that the list of symptoms was a confused jumble of contradictory symptoms? And can it be otherwise with medicinal diseases? Should not their description be analogous to that of natural disease? Common sense tells us it should. The symptoms that usher in the disease should first be noted, then the gradual or rapid increase of the disease, as exhibited in sensations and functions, in objective and subjective phenomena, and lastly, the symptoms of the decline of the malady and the after-effects it leaves behind it, if any. It is the extremely defective or rather unfortunate arrangement of the symptoms of the medicinal disease by Hahnemann that first led the Austrian Proving Society to undertake and to commence the reconstruction of the *Materia Medica*, by re-proving the medicines that Hahnemann had already proved; and though they have not certainly added many symptoms to Hahnemann's schema, they have, in their valuable re-provings, furnished us with life-like portraiture of medicinal diseases, by the aid of which we can perceive the meaning of much that was obscure in Hahnemann's records. It is the same object that has guided the editors of the *Hah-*

nemann Materia Medica in the selection and arrangement of the symptoms of those medicines of the *Materia Medica* which have been elucidated by recent original provings; and though they are perfectly well aware that their work can lay no claim to perfection, they believe that their labours will enable the student and practitioner to acquire a knowledge of the physiography of the medicinal diseases much more easily than he could from a much more lengthened study of the bare records of Hahnemann's *Materia Medica*. To give you an example of the complete pictures of medicinal diseases to be found in the new *Materia Medica*, I shall read at random one of the observations to be found under the section "chest," in the pathogenesis of aconite.

"After twenty-four drops, burning on the sides of the tongue, dryness of the palate and constriction in the œsophagus, not relieved by drinking cold water. Constant flow of saliva into the mouth, frequent rising from the stomach, and no appetite. Vertigo when walking or driving; the tongue felt like leather; great prostration; heat of skin; flying shoots along the sternum and betwixt the ribs; sleep restless, broken, unrefreshing; though he drank much during the night he made no water; next morning he passed red urine, with burning along the urethra; he felt better after breakfast, but soon afterwards, when in the open air, he had a severe attack of rigor over the back and chest, followed by great heat (with headache), which the least movement brought back; there came on violent cough, with painful shooting in different parts of the chest, compelling him always to lie on the back, and preventing him lying on either side; the night was restless; perspiration after midnight, with relief; urine as before. The next day at three p.m. he had another attack of fever; pulse 96; frequent cough, with severe pains from the shock through the chest; expectoration sometimes brownish-red, rust coloured. After this he got gradually better."

Now this medicinal malady, as thus recorded, is intelligible enough, and gives us a perfectly comprehensible idea of the character of the disease produced; but how different would it have been had the various features of

the disease been scattered asunder, and inextricably mixed up with other symptoms of totally different maladies (for every medicinal agent is capable of producing several distinct medicinal diseases). Would it not puzzle Œdipus himself to discover the different features of any one disease among the confused and unconnected jumble of several others? Thus in the medicine I have been just speaking of, to wit, aconite, we find the distinct and characteristic symptoms of many inflammatory and other acute diseases. Inflammation and congestion of the brain and its membranes, inflammation of the eyes, of the throat, of the larynx, bronchiæ, pulmonary tissue, pleura, peritoneum, liver, heart, etc.; besides fever, idiopathic and symptomatic, tic, and other neuralgic affections. If the symptoms of all these diseases are disconnected from their natural attachments, and arranged under the head of the several organs where they are observed, will they not present a hopeless jumble and a disheartening confusion? And yet such is the plan Hahnemann has adopted. He has given us the index only, but suppressed the book itself; for his arrangement is scarcely a bit more scientific, though it may be more serviceable, than if he had arranged the symptoms according to the letters of the alphabet with which they commenced. No wonder we find contradictory symptoms occurring under each organ; for must not the symptoms, say of the urinary secretion, differ according as the main seat of the inflammatory affection is the liver or the kidneys, the brain or the bronchiæ? And so it is with the other symptoms of the other organs. It is not only unscientific but absolutely false to call such contradictory symptoms either primary and secondary or alternating actions of the medicine. Each proving must be considered for itself as an individuality, and to me it is astonishing that Hahnemann, who insisted so much on individualizing diseases and of tracing each case most carefully through all its symptoms, not only of the present but of the past, even in the case of epidemic and other diseases of fixed or specific character, should have so far lost sight of his own principle as to have mixed up at random, as it were, all the symptoms of the several different diseases producible by each medicine,

without giving us any clue to the discovery of the individualities contained in this precious hotch-potch.

It will be remembered that Hahnemann states in his latest writings that large doses are apt to produce secondary actions,^f but that from small and moderate doses none but primary actions ensue.^g Now he defines primary action to be the product of the medicinal influence and vital force conjointly, but belonging principally to the former, and the secondary action is, he says, the reaction of the vital force against the medicinal influence.^h Now, if such be the case, it is not at all apparent why there should be no reaction against the often (as is alleged) powerful action of the influencing agent, if given in a small dose, whereas such reaction occurs when the dose of the influencing agent happens to be rather large. Is it not evident that by this statement he wished practically to shelve altogether his former theory regarding primary and secondary actions, while at the same time he sought to recommend the employment of small doses in preference to large for pathogenetic purposes?

Though we might admit the occurrence of primary and secondary symptoms, in the sense of idiopathic and symptomatic, in the proving of one and the same individual, it would be obviously absurd to call the symptoms of one individual secondary to those of another, as Hahnemann has done. As an example of this I may refer you to the pathogenesis of cinchona, where he states that the symptom, "increase of the catamenial discharge," observed by himself, is primary action, and "suppression of the catamenia," observed by Raulin, is secondary action. And in like manner it would be equally wrong to call the symptoms observed in two different provers *alternating actions*, though this, too, Hahnemann has done occasionally. Thus, for instance, the symptoms "acceleration of the catamenia," observed by Bergius, and "retardation of the catamenia," observed by himself, are stated to be alternating actions. I will give only one other example of this from the pathogenesis of pulsatilla. There the symptom, "shuddering almost without rigor, so that the

^f Organon, §§ cxii., cxxxvi. ^g Ibid., §§ lxi., cxiv., cxxxvi. ^h Ibid., § lxiii.

hair bristled, with anxiety and oppressed feeling," observed by Hornburg, is stated to be an alternating action with "violent rigor, then a mingled sensation of internal heat and shuddering, followed by general burning heat, with very rapid pulse and very rapid, deathly, anxious respiration," which was observed by Hahnemann himself. It seems to me that as, as I have above shown, the primary and secondary action of the medicine, in Hahnemann's sense of the words, is a groundless distinction, so the employment of the term alternating action is an unnecessary one. It is sufficient for our purpose that we know that the medicine, in its positive action, has the power of producing opposite symptoms; but I believe, if we knew the exact histories of these medicinal diseases as they occurred in the provers, we should find that the opposite symptoms occurred in connection with totally different groups of morbid action, or at different stages of the medicinal disease.

One of the first things that strikes the student of Hahnemann's *Materia Medica* is the great preponderance of subjective symptoms in each proving, and the proportionately very small number of objective phenomena; and again, it is impossible to avoid the remark that whilst the subjective phenomena, the sensations, aches, and pains, are described with the most elaborate minuteness, the objective phenomena are, as it were, only incidentally mentioned, as though they were hardly worthy of notice. Thus how indefinite are the recorded effects as manifested on the skin, the eye, the tongue, etc., how loose is the description of the altered secretions, and how thoroughly do we miss all attempts at the microscopical or chemical investigation of these secretions and excretions. And yet, if we reflect a moment, we must confess that the objective phenomena are fully as much pathogenetic effects as the subjective; and further, that they are by far the most trustworthy of the effects of a medicine, for the prover might imagine or feign any number of sensations and pains, but he could not conjure a herpetic eruption on his skin, or an inflammation into his sclerotic, or a sediment into his urine, etc.

In 1801 Hahnemann, speaking of belladonna particu-

larly, but with reference also to medicines in general, says:—We want to know “what organs it deranges functionally, what it modifies in other ways, what nerves it principally benumbs or excites, what alterations it effects in the circulation and in the digestive operations, how it affects the mind, how the disposition, what influence it exerts over some secretions, what modification the muscular fibre receives from it, how long its action lasts, and by what means it is rendered powerless.”¹

Now the investigation of the properties of a medicine in this way would leave nothing to be desired, but it is evident that the records of the *Materia Medica* of Hahnemann fall very far short of the standard he originally proposed to himself. Probably, as Hahnemann went on with his provings, he found it impossible, in the then state of physiological and pathological science, to ascertain with any degree of probability the desiderata he points out in the passage just quoted, for it is notorious that, at the period when Hahnemann first commenced his provings, these sciences were mainly, if not entirely, made up of crude speculations and theories, the fallibility and absurdity of which could not escape the keen glance of such a man as Hahnemann. The physiology and pathology of his time no doubt fully deserved the censure he bestowed on them, especially the latter, in his essay entitled *Æsculapius in the Balance*.² What these sciences have since become Hahnemann did not take the pains to ascertain, as the bitterly antagonistic position he was compelled to assume, from the attacks of the partisans of the old school, prejudiced his mind against all the advances in the sciences chiefly cultivated by his enemies. Accordingly he did not know, or did not acknowledge, that the barren fields of speculative physiology had been altogether abandoned, and men had directed their minds to experiment and the observation of nature; and thus, though we cannot boast of having made any very gigantic strides in physiology and pathology, the materials furnished us by the labours of the champions of these sciences, chiefly by means of careful

¹ Lesser Writings, p. 445.² Ibid., p. 480.

impartial investigations, and the discoveries by means of the microscope and improved chemical analysis, have at all events given us better data from which to start, and more assured premises from which to make our deductions, than were at hand when Hahnemann began his pathogenetic provings. Hahnemann therefore, as we have seen, finding no light shed upon his experiments by the physiology of the day, did the best thing he could do, in the absence of clear physiological light; he noted down the effects of medicines as they occurred, in the very words of the provers who assisted him in his experiments. Science, he doubtless thought, is as yet unable to tell me the meaning of the phenomena observed; by recording them just as they occur I shall be in a manner independent of science. No doubt this was and must still be the best course, in the absence of a clear insight into the essential meaning and importance of the various phenomena we observe.

It has been stated by the enemies of homœopathy disparagingly, by some friends of the system eulogistically, that homœopathic practitioners in general, and the more strict Hahnemannians in particular, neglect or despise the advances of modern pathological and physiological science, and this is to a certain extent true; for as long as his *Materia Medica* is confined to a bare enumeration of symptoms, arranged in defiance of accredited physiological principles, so long must the practice of the homœopathist be mainly made up of an almost mechanical comparison of symptoms. But surely this is not the perfection of the medical art we ought to aim at. Ought we not rather to strive to attain the theoretical standard proposed by Hahnemann himself in 1801? And how is this attainable? I answer at once by a more scientific character of our *Materia Medica*, by treating our pathogenetic provings in a thoroughly physiological manner; by bringing to bear on the actions of medicines the aids and appliances of the microscope, chemical analysis, and the ascertained principles (not the theoretical surmises) of modern physiology. This is being done by many of the more recent pioneers of pathogenetic experimentation, and if we were all animated by the noble zeal for the advancement

of our art which they have exhibited, the reproach of unscientific character, which is so continually urged against us by the adherents of so-called rational medicine, would soon have no semblance of a basis, but our system would speedily be recognised by all as the only one that has the slightest pretensions to science. The task of raising medicine to the level of the current science must be performed by homœopathists; no other sect is capable of doing this, for none other possesses sufficient faith in the benefits to be derived from physiological experimentation to induce them to submit themselves to the martyrdom of proving medicines. Even the followers of Rademacher, whose therapeutic maxim is a rude homœopathy, cannot get up sufficient pathogenetic zeal to continue the experiments they began so energetically; and their admirable proving of iron stands an isolated monument of their skill and good intentions, useless to themselves, but gladly accepted by us.

Though I have freely criticised the defects of Hahnemann's *Materia Medica*, I would be sorry to give you the impression that I at all undervalue his work. On the contrary, the more I study his *Materia Medica* the more I marvel at the transcendent acuteness of the author, his wonderful perceptive powers, his almost miraculous instinct in perceiving the characteristic symptoms, the germs of grand pathological states producible by medicines, amid the perplexing redundancy of their less important pathogenetic effects; and I may safely say that in the mere labour of the *Materia Medica*, Hahnemann's own doings are tenfold as great and important as all the labours of all his predecessors and all his followers; that while we might manage to get on though we were deprived of all the provings of every other contributor to our *Materia Medica*, were we deprived of Hahnemann's observations, and especially his earlier provings, such as belladonna, aconite, bryonia, nux, pulsatilla, rhus, arnica, mercurius, etc., we might shut up shop at once. In the matter of the *Materia Medica*, we all must acknowledge that among them that are born of women there hath not arisen a greater than Samuel Hahnemann.

LECTURE IX.

ON HAHNEMANN'S DOCTRINE OF CHRONIC DISEASES.

BEFORE Hahnemann's enunciation of his peculiar pathological doctrine of the origin of chronic diseases, commonly termed the *psora-theory*, the grand distinctive feature of his practical directions consisted in oft-repeated injunctions to individualize to the utmost all diseases, that is to say, to regard each morbid case as an individuality, a disease that stood *per se*, and might never again occur in the precise form then observed, and which demanded for its cure a remedy selected in accordance with the actual symptoms and utterly irrespective of any presumed essential cause or pathological doctrine whatsoever.

No one ever ridiculed the therapeutic maxim of the dominant school, "*tolle causam*," more than Hahnemann. His essay entitled the *Medicine of Experience*, that *On the Value of the Speculative Systems of Medicine*, and even the introduction to every successive edition of the *Organon*, abound in passages ridiculing the notion of any inquiry into the essential nature of diseases, and no maxim is more frequently or more dogmatically enunciated by our Master than this (I quote from his *Medicine of Experience*):—

"The internal essential nature of every malady, of every individual case of disease, as far as it is necessary for us to know it for the purpose of curing it, expresses itself by the *symptoms*, as they present themselves to the investigations of the true observer in their whole extent, connection, and succession."

Again:—

"When the physician has discovered all the observable symptoms of the disease that exist, he has discovered the disease itself, he has attained the complete conception of it requisite to enable him to effect a cure."

Passing over his intermediate works, we find precisely

the same doctrine inculcated in the opening paragraphs of the *Organon*, in even its last edition. Thus in § vi. we find it written:—

“The unprejudiced observer, let his powers of penetration be ever so great, takes note of *nothing* in every individual disease except the changes in the health of the body and of the mind which can be perceived externally by means of the senses, that is to say, he notices only the deviations from the former healthy state of the now diseased individual which are felt by the patient himself, remarked by those around him, and observed by the physician. All these perceptible signs represent the disease in its whole extent; that is, together they form the true and only conceivable portrait of the disease.”

And in a note to this paragraph he once more holds up to ridicule those who would seek to know anything more about the disease than the symptoms presented by the patient.

After all this we should hardly have expected to meet Hahnemann in the domain of pathological hypothesis, and actually promulgating a theory of the origin of all chronic diseases. And yet such is the fact, and we shall find that his doctrine of chronic disease—and this I say without thereby implying its fallacy—is an attempt at a dogmatical explanation of the essential nature of a vast proportion of the maladies that afflict mankind; and as all Hahnemann's views and doctrines were made subservient to his therapeutics, this pathological hypothesis of his was the foundation of a peculiar therapia, differing in some essential particulars from what he had heretofore taught.

Before entering on a critical analysis and examination of Hahnemann's doctrine of chronic diseases, I think it as well for the sake of those of you who may not have had the time or the opportunity to become familiar with Hahnemann's peculiar tenets on this point, to trace out for you the exact course of Hahnemann's views upon the subject as far as they can be learned from his medical writings.

It is commonly stated that Hahnemann first conceived his doctrine of chronic diseases about the year 1827

when he sent for his trusty followers Stapf and Gross to come to Coethen, where he then resided, in order to hear from his own lips his explanation of the psora theory; and that the first published record of it is the first edition of his great work on *Chronic Diseases*, published in 1828. But though it is undoubtedly true that this was the first systematic exposition of his peculiar and remarkable doctrine, we have evidence in his writings that for many years previously, indeed, certain passages in his very first medical work of any magnitude, that on *Venerical Diseases*, published in 1789, show, that even before his discovery of the homœopathic law, his mind had a certain tendency towards the theory which, when formally promulgated, seemed to come so unexpectedly upon his disciples.

In that early work just alluded to he says a great deal about the dangerous effects likely to ensue from the common practice of destroying the chancre, his notion being that the external sore was but the sign of the universal infection of the organism, and that whilst it existed the disease expended all its energy upon this external morbid process; but that if the external affection were removed, the disease, which was by no means destroyed by such an act, being deprived of an external seat, preyed upon some internal organ or organs, and gave rise to that series of phenomena we denominate secondary or constitutional syphilis.

But still more marked and striking is a passage which occurs in an essay published by Hahnemann in 1816, just twelve years before the publication of the first edition of his work on *Chronic Diseases*.^{*}

Speaking of the itch, he says:—

“This disease belongs to the chronic exanthematous diseases, and in its nature also produces the itch-vesicles, at first in the neighbourhood of the part that was originally touched by the itch-virus, *e. g.*, betwixt the fingers and on the wrists, if the hands were first affected. As soon as the itch-vesicles have made their appearance, this is a sign that the internal itch-disease is already fully

^{*} Lesser Writings, p. 731.

developed; for at first there is actually no morbid change observable on the affected part, no itching, no itch-vesicles. Usually from nine to twelve or fourteen days after the application of the itch-virus there occurs, along with slight fever, which is not noticed by many persons, the eruption of the first itch-vesicle—nature requires this time in order to complete the full infection, that is to say, the development of the itch-disease in the interior, throughout the organism. The itch-vesicles that now appear are hence no mere local malady, but a proof of the completion of the internal disease. The itch-miasm, as soon as it has contaminated the hand, remains no longer local the instant it has caused inoculation, but proceeds to alter the interior of the organism and to develop itself into this peculiar disease until the entire infection is accomplished, and then only does the eruption produced by the internal malady appear on the skin, and that at first in the vicinity of the original point of infection. The itch-vesicles are an abnormal organ produced by the inner organism upon the skin, designed by nature to be the external substitute of the internal disease, to take the latter upon itself, to absorb it, as it were, and so to keep it subdued, slumbering, and latent. That this is the case is evident from this, that so long as the vesicles remain on the skin and continue to itch and discharge, the internal disease cannot make its appearance; and from this also, that whenever it is partially destroyed on the skin, without any previous cure of the internal itch-disease (especially if it be of somewhat long standing and have attained to any extent) being effected by means of the internal employment of its specific remedy *sulphur*, this internal disease then bursts forth rapidly, often in a frightful manner, in the form of *phthisis*, *asthma*, *insanity*, *dropsy*, *apoplexy*, *amaurosis*, *paralysis*, and it not unfrequently occasions sudden death."

This we shall presently find is exactly the doctrine taught in the work on *Chronic Diseases*, with this difference, that in the latter place it is made much more general or universal in its application.

Let us now see from Hahnemann's own account, con-

tained in the first part of his *Chronic Diseases*, how it was he came to invent his fully developed doctrine of the peculiar nature of chronic diseases. We shall best learn this from the work on that subject I have so often alluded to.

In comparison with allopathy, he observes, homœopathy has been exceedingly successful, not only with acute diseases, epidemics, and sporadic fevers, but also with the numerous array of chronic maladies in which allopathic treatment was so often worse than useless. Under homœopathic treatment, the actual morbid state of these chronic maladies was often removed in a very short time, so that the patients in their improved state could again enjoy happy days. Hahnemann denominates the condition of these patients after the homœopathic treatment expressly *improvement* or *amelioration*, and alleges that though they were often very much relieved, they were not *cured*, for their complaints would all or to a great degree be brought back by many unfavourable circumstances, such as great errors of diet, a chill, raw, wet, or stormy weather, the autumn season, but particularly the winter and a wintry spring, violent corporeal or mental exertion, an injury, some mental emotion, such as fright, grief, care, or vexation; their return under these circumstances was generally attended with the appearance of new symptoms; and if they were not more serious, they were generally more troublesome and more difficult of removal than before. If a medicine was found that answered both the old and new symptoms, it would soon produce an amelioration; but if it was only the old symptoms that recurred, the medicine that had at first done good was now no longer so effectual, and if it required to be repeated again, it was still less so. But notwithstanding the observance of the best-regulated diet and the employment of the apparently best-suited homœopathic remedy, new symptoms constantly made their appearance, which were with difficulty and imperfectly removed by other medicines, or perhaps were not at all ameliorated, if the unfavourable influences above alluded to occurred. Occasionally, some favourable influences, such as a piece of good fortune, an ameliorated condition

of life, an agreeable journey, a good season and dry uniform weather, would cause the malady to come to a stand for some time; but this was never of long duration, the disease would continue to progress, the remedies employed would do little or no good, and the disease increased from year to year.

"This," he says, "was and continued to be the more rapid or slower course of such treatments of all non-venereal, considerable chronic diseases, even when apparently conducted strictly according to the doctrines of the homœopathic art as hitherto known. Their commencement was cheering, their progress less favourable, their issue hopeless."

"And yet" he adds, "the doctrine itself is built upon the impregnable pillars of truth, and must ever remain so." As proofs of its excellence and almost infallibility, he cites the splendid successes obtained by it in diseases of a fixed character, such as the scarlet fever of Sydenham, the miliary fever, the whooping-cough, the croup, the syccotic disease, autumnal dysenteries, pleurisies, typhus fever, etc., and then he asks, "Whence this inferior success, this absolute want of success in the prolonged treatment of non-venereal chronic diseases?" His disciples attributed it to the want of a sufficient number of medicines properly proved; but to this Hahnemann could not ascribe it, especially as, in spite of the additions yearly made to the *Materia Medica*, no progress was made in the cure of chronic diseases. He says that from the year 1816-17 the solution of this problem occupied him day and night, and at length he succeeded in solving it, and in 1827 he summoned to his side two of his most esteemed disciples, viz., Drs. Stapf and Gross, and communicated to them his discovery, in case his death, for he was then in his seventy-third year, should have occurred before the publication of his book on the subject. This remarkable book duly appeared the following year.

His researches and reflections, as he tells us in this work, led him to the conclusion that the cause of the constant recurrence of chronic diseases after the symptoms present had been removed by the homœopathically-selected remedy, and their recurrence with new and gra

symptoms, was that the homœopathic physician in these diseases had not merely to do with the morbid phenomena actually present, but that these phenomena only represented a portion of the deeply-seated fundamental malady, whose great extent was manifested by the new symptoms that appeared from time to time; and unless he knew this fundamental disease in the full extent of all the symptoms peculiar to it, he could not hope to discover any medicines which should correspond in their peculiar pathogenetic effects to the whole fundamental malady, and therefore he would be unable to cure it in its whole extent, or in its several features. That the sought-for fundamental malady must be of a chronic *miasmatic* nature, Hahnemann was convinced from the fact that it could not be overcome by the spontaneous efforts of the most robust constitution, nor by the most healthy diet and careful regimen, but that it increased in intensity and extent from year to year, and became always worse and worse until the termination of life, like every chronic miasmatic disease; for example, syphilis, which if not cured by its specific mercury, increased from year to year, and always developed new and graver symptoms.

His further researches showed that the obstacle to the cure seemed to lie in a previous scabious eruption which the patient frequently confessed to having had, and from which he often dated all his sufferings. When the patients did not confess to any such infection, they yet showed in their persons slight traces of it, such as scabious vesicles, herpetic eruptions, etc., that appeared from time to time to time as infallible signs of a former infection of this nature.

These circumstances and innumerable observations of other physicians, together with his own experience, that chronic diseases occurred on the suppression artificially, or disappearance from other causes of a scabious eruption from the skin in otherwise healthy individuals, left no doubt on his mind as to the character of the internal enemy with which he had to deal.

By degrees he became acquainted with more efficient remedies for this fundamental malady, the cause of so many sufferings, which he called *psora*, meaning thereby

the internal itch-disease, with or without its exanthema, and he was convinced by the excellent services rendered by these same medicines in similar chronic diseases, where the patients could not call to remembrance any such infection, that these diseases also must have owed their origin to some psora communicated to them either when they were infants, or at some unrememberable period of their lives, and it often happened that careful inquiries among their parents or friends confirmed the accuracy of this conjecture.

Careful observation, he says, of the curative powers of the antipsoric medicines discovered in the eleven years of his researches, taught him how frequently severe and most severe as well as moderate chronic diseases were derived from this source. It likewise taught him that this Proteus-like psora was the source not only of most of those varieties of skin diseases so carefully distinguished by Willan, but also of almost all abnormal growths, from the wart on the finger to the largest encysted tumour, from the deformed nail to the tumours on bones and the distortions of the spine, and many other kinds of softening and deformity of the bones; that it was the origin of a tendency to epistaxis and hæmorrhoids, of hæmoptysis, hæmatemesis, and hæmaturia, of suppressed as well as of excessive catamenial discharge, of long-continued nocturnal diaphoresis and of a parchment-like dryness of the skin, of a habit of diarrhœa as well as inveterate constipation, of neuralgic pains and convulsive diseases, of chronic ulcers and inflammations, of hypersarcoses and tumours, of marasmus and excessive sensitiveness, of the many abnormal conditions or complete loss of the senses of hearing, sight, smell, taste, and touch, of excessive salacity and of complete impotence, of all mental diseases from imbecility to extasis, from melancholia to fury, of syncope and vertigo, of diseases of the heart and those of the viscera of the abdomen, going under the name of hysteria and hypochondriasis—in a word, of many thousands of the chronic diseases described under different names in pathological works. In a word, his observations convinced him that all those chronic diseases which could not be said to arise from the infection of the two venereal

maladies, *syphilis* and *sycosis*, were but partial developments of the very ancient chronic leprous and scabious miasm, that is to say, were only derivatives from one and the same fundamental disease; just as in an epidemic, say of typhus, all the patients owe their disease to one and the same pestilential influence, though some may present one series of symptoms, others another, and all the symptoms from all the patients together present the complete picture of the disease; and every case is curable by one, or at the most two remedies, however much the cases may apparently differ from each other, and present the appearance of being totally different diseases.

In Europe, and he believes also in all other parts of the world, there are only three chronic miasms, whence all or nearly all chronic diseases are derived. First, *syphilis*; second, *sycosis*, or the fig-wart disease; third, *psora*, the disease which has the scabious eruption for its local manifestation.

Psora is, according to Hahnemann, the oldest, most universal, and most destructive, but at the same time most misunderstood of the chronic miasmatic diseases, and it has for centuries been the parent of the thousands of different acute and chronic non-venereal diseases which have afflicted man in every quarter of the globe. The leprosy of the Israelites described in Leviticus was but a variety of *psora*, so were the various forms of leprosy that prevailed during the middle ages, likewise that malignant form of erysipelas that spread throughout Europe in the dark ages, termed *St. Anthony's fire*. Under these forms of the disease its whole malignity seemed to be expended on the skin. By the introduction of habits of greater cleanliness, the frequent use of warm baths, greater attention to diet, and a better regulated mode of life, the external repulsive aspect of the *psora* was so far mitigated in the course of time that towards the end of the fifteenth century it came to present the form in which we see it now-a-days, viz., the scabious eruption or itch. In this form the degenerated lepra or *psora* is much more easily removed from the skin by means of baths, lotions, and ointments of sulphur, lead, copper,

zinc, and mercury, but the evil is thereby greatly increased. The leprosy of the Israelites and of the middle ages was much less dangerous, for in this form of psora the disease rendered the skin so disgusting that every one fled from the contact of those affected by it, whereas the itch is often quite overlooked, and may readily be communicated without the victim being aware that he is in contact with an individual affected by itch; and it is, says Hahnemann, one of the most infectious of diseases. The fatal facility with which the external manifestation of psora—the itch—can be suppressed by means of external applications (which was not the case with it when it existed under the form of leprosy), whereby the internal psora is made to develop itself, is the cause of the great increase within the last three hundred years of the chronic maladies that afflict humanity. Hahnemann calculates that at least seven-eighths of all chronic diseases are derived from it, and that the remaining eighth is derived from syphilis and sycosis, or from a combination of some two of these three miasmata, or of all three. Hahnemann alleges that a great mistake has hitherto been committed by all modern medical men without exception, the most celebrated as well as the least celebrated, in viewing the itch as a merely local disease, and using their utmost efforts to drive it away as rapidly as possible by means of all sorts of salves and lotions. He strongly condemns this treatment, and makes those who practise it responsible for the evils thus brought upon humanity, and he states that the ancient physicians were more conscientious and better observers, for they perceived the evil effects of driving the eruption off the skin in this way, and they endeavoured to cure the disease rather by internal remedies; with but indifferent success, however, as it would seem. “Repercussion of the itch,” Hahnemann says, “is an erroneous expression, for the psora or itch-disease is already in the body, and the cutaneous affection is its external sign, which, as long as it exists, keeps the internal disease quiet, and makes the internal psora, with all its secondary affections, *latent*.”

From the conscientious and observant older physicians referred to, Hahnemann now adduces an immense series

of cases to illustrate the evil consequences of suppressing the external eruption. In this enumeration he includes not merely the itch-disease, but also cases where the suppression of tinea capitis and herpetic eruptions was followed by bad effects. Indeed, he regards tinea, crusta lactea, tetters, etc., as merely varieties of the itch-eruption.

According to Hahnemann, the inoculation or infection with the virus of the chronic miasmatic diseases takes place exactly in the same way as that of the acute exanthemata; the moment the virus touches the skin the disease has taken, and all the washing and scouring in the world will not avail to prevent its infection. The whole organism is instantly affected, and after a time it proceeds to attempt to free itself from the morbid product caused by the process in its interior, by depositing it at or near the seat of its entrance into the body. In this way the itch appears on the skin, the chancre on the genitals. The difference betwixt the acute and chronic miasmatic diseases consists in this, that, in the case of the former, the whole disease runs its course in from two to three weeks, after which the patient is free from disease and healthy. If the chancre or itch be treated only externally, and thereby removed from the skin, the body remains, notwithstanding, syphilitic or psoric; but if the appropriate internal remedy be given, the internal fundamental disease, together with its external manifestation, is removed, and health is restored. If this be not done, the individual remains diseased all his lifetime, and the most vigorous constitution is unable to subdue the malady.

Of the chronic miasmatic diseases the itch is far the most communicable. The syphilitic and sycotic viruses seem to require that the skin be rubbed a little before they will take, but the mere contact of the psoric miasm with the epidermis is enough, and the infection may be conveyed from one to another by means of a glove, a towel, a sheet, or even by the physician who feels the pulse of an itch-patient. In order to study the disease we do not, says Hahnemann, require to go to prisons, workhouses, or orphan-schools; it is to be met with in all classes of society and in every rank, in the hermit of

Montserrat and in the royal child reposing in cambric in its cradle.

The part of the skin the psoric miasm first touches presents no unusual appearance for the first few days. The nerve first attacked by the miasm instantly communicates it to the nerves of the rest of the body in an invisible dynamic manner. The living organism is thus silently penetrated by the infection, and endeavours to relieve itself and silence the internal symptoms by the production of the local cutaneous eruption; and so long as this exists in its original form, the internal *psora*, with its secondary affections, cannot burst forth. It takes from six to ten days to produce this external cutaneous symptom, and its appearance is ushered in by slight feverish symptoms, which the patient often does not notice, or merely thinks them the premonitory symptoms of an ordinary cold. The vesicles produced contain a lymph or purulent fluid, which is the infecting agent. As long as the original eruption continues the disease is communicable by infection, but if this has disappeared, the secondary psoric symptoms, like the secondary syphilitic symptoms, are no longer capable of propagating the disease. Whilst the primary eruption continues, the disease is most readily cured by means of the specific medicines. If no remedies be employed, then the disease increases in extent both internally and externally. The external disease increases *pari passu* with the internal, and silences the latter or keeps it in the latent form. All this time the individual is apparently in good health, with the exception of his external eruption of itch, the intense and intolerable itching of which at length drives him to seek medical aid. The sole treatment of medical practitioners consists in driving the eruption off the skin as quickly as possible, which is easily effected by means of unguents or lotions; the skin is cleared, but the internal psoric disease, having now no vicarious external malady, has full leave to develop itself in the interior, and this internal psora is the essence of the many thousand forms of chronic non-venereal disease.

The suppression of the itch-disease, while still recent

and of very small extent, is not attended with such immediate bad effects as that of a very copious eruption of long continuance, still the danger is only more remote, not less great, for the small amount of psoric internal disease goes on silently and gradually increasing, until at length it betrays its existence by unmistakable signs, and if not specifically cured lasts until the very end of life.

Still the psoric disease, even while latent or slumbering, betrays its existence by many unequivocal symptoms, though not constituting any formal disease. In different individuals these symptoms of the latent disease are different. The following are the signs that betray the lurking existence of the still slumbering psoric disease.

In children: frequent discharge of round and thread worms, great itching in the rectum; distended abdomen; alternate ravenous hunger and want of appetite; paleness of face and relaxed state of the muscles; tendency to ophthalmia; glandular swellings in the neck; perspiration on the head when asleep at night.

In girls and youths (more rarely in adults): frequent epistaxis; cold hands or sweat on the palms; cold, dry feet, or perspiration on the feet of a fœtid odour; tendency to falling asleep of the arms or legs; frequent cramps in the calves or arms; painless twitching of certain muscular parts here and there; frequent or chronic cold in the head and catarrh, or impossibility of catching cold notwithstanding the greatest occasion for it; chronic stoppage of one or other nostril; ulcerated nostrils; troublesome dry feeling in the nose; frequent inflammation of the throat, and hoarseness; short cough in the morning; frequent attacks of asthma; easy catching cold of the whole body or of separate parts, with tendency of those parts to perspire; tendency to sprains from very slight exertions, and sundry uncomfortable symptoms after any unusual muscular exertion; hemi-crania or toothache from a moderate mental emotion; frequent flying redness and heat in the face, with anxious feeling; falling out, dryness, or scaliness of the hair; tendency to erysipelas; absence or irregularity of the catamenia, with accompanying headache; twitching of

the limbs when going to sleep; fatigue on waking in the morning; unrefreshing sleep; morning sweat in bed; too easy perspiration during the day or inability to perspire; white or pale or cracked tongue; much hawking of mucus; frequent or constant bad smell from the mouth; sour taste; morning sickness; empty feeling in the stomach; repugnance to warm cooked victuals, especially to meat; repugnance to milk; dryness in the mouth at night or in the morning; frequent griping; hard constipated motions, often covered with a slimy envelope, or soft, diarrhœic, fermented stools; hæmorrhoids, discharge of blood by stool; discharge of mucus from the fundament; itching in anus; dark-coloured urine; swollen enlarged veins in the legs; chilblains and pain of chilblains independent of cold weather, even in summer; corns without pressure of the shoes; bending, straining, and cracking of various joints; drawing stretching pain in the nape, the back, the limbs, and especially in the teeth in damp, stormy weather, during north-west and north-east winds, after a chill, over-exertion, disagreeable mental emotions, etc.; recurrence of pains and symptoms when at rest, which go off when moving; most of the complaints are at night, and are renewed or increased when the barometer is low, in the north or north-east wind, in winter and spring. Disturbing, frightful, or too vivid dreams; unhealthy skin, every little wound festers; chapped skin of the hands and lips; frequent boils and whitlows; rough skin on the limbs and cheeks; here and there a rough, scaly spot on the skin, that sometimes occasions voluptuous itching and, after rubbing or scratching, burning. Here and there an occasional vesicle, with intolerable but voluptuous itching, that becomes filled with purulent matter, and after being rubbed burns, on the finger, the wrist, or elsewhere.

An individual may have one or more of these ailments and still feel himself and appear to others quite well, and may remain so for many years, as long as he continues in the robust period of life, has not too much care or annoyance, is in easy circumstances, and does not exert himself too much. But even under these favourable circumstances a disproportionately small cause, such

as some slight vexation, a chill, or an error of diet, will often produce a violent attack of acute disease, such as colic, inflammation of the chest, quinsy, erysipelas, fever, etc. But the actual symptoms of the real psoric disease frequently show themselves if the patient's frame is weakened and shaken by the occurrence of small-pox, measles, hooping-cough, scarlatina, etc., or by some serious injury or contusion, a fall, a wound, a burn, the fracture of an arm or leg, a tedious labour, a sedentary life in the confined air of one room, afflicting intelligence causing profound grief, want of proper nourishment or the necessaries of life. Under any of these circumstances the slumbering psora may be aroused and show itself in some one or more of a long list of symptoms Hahnemann details, which includes almost every imaginable uncomfortable feeling and symptom of chronic disease, the bare enumeration of which occupies thirty pages, and the occurrence of which symptoms marks the transition of the latent psora into a more serious chronic disease. Of course the symptoms vary according to the peculiarity of the individual's original constitution, his hereditary predisposition, the different faults of his education and his habits, his mode of life and diet, his occupations, his mental pursuits, his morality, etc.

Though Hahnemann relates many cases from the works of ancient writers showing how the symptoms of the disease disappeared on the reappearance of a psoric eruption on the skin, he warns us that the recurrence of a psoric eruption is not to be trusted to in a curative point of view, as this secondary psoric eruption is generally very evanescent, and often dies away very soon after its appearance, and is too rarely and uncertainly produced to enable us to found on it a method of cure. In the first edition of his *Chronic Diseases* he was of a different opinion, and believed that if we could succeed in developing and maintaining an eruption on the skin, this would be the best way of effecting a cure. Accordingly, in this first edition, and in an essay he sent to the Homœopathic Congress in 1830, he recommended the application to the back or elsewhere of a Burgundy-pitch plaster, for the purpose of bringing out

an eruption ; but he afterwards found that the production of such an eruption did not forward the cure, so in the second edition of the *Chronic Diseases*, and the fifth of the *Organon*, he retracts his recommendation of it. He says, however, that the plaster may be serviceable to show the reality of the existence of the psoric disease, for it is, he alleges, only where the latter exists that the former produces the eruption ; in a non-psoric individual the plaster occasions neither eruption nor itching. A statement somewhat at variance with this, however, occurs in the last edition of the *Organon*, which shows at once, as it seems to me, the uncertainty Hahnemann felt as to the truth of his doctrine of chronic diseases, and his unwillingness to make a complete retraction of opinions he had formerly expressed, though by failing to do so he put himself in the predicament of inculcating opposite opinions in different works. In the first three editions of his *Organon* he had adduced a number of examples of chronic diseases, especially asthma and phthisis, *cured* by infection with itch, as examples of homœopathic cures by nature. In the last two editions of the *Organon*, he says they must not be looked upon as such, for these maladies were themselves originally of psoric origin, and by the new infection with itch they were, as it were, converted into their original form of simple itch, the dangerous symptoms disappeared, and the patients were thus put in a much more favourable state to be cured of the whole psora by antipsoric medicines.¹ The obvious therapeutic deduction from these statements would be, that the best method of treating all non-venereal chronic diseases (which, according to Hahnemann, are all of psoric origin) would be to inoculate the patients with itch ; for who would not prefer having a simple itch, which moreover, as here stated, could be readily cured by antipsorics, than those dangerous and life-long maladies, asthma, phthisis, and so forth ? This treatment of chronic diseases, however, Hahnemann is far from advising ; indeed his recantation of the Burgundy-pitch-plaster-cure sufficiently shows that he had abandoned the principle altogether, and had he had less

¹ *Organon*, p. 140, note.

respect for his *littera scripta*, and more for his character as a pathologist and consistent teacher, we should have doubtless had from him a solemn retraction and explanation of the dangerous treatment just alluded to.

Hahnemann protests against the dispersion by means of external remedies not only of the primary itch-eruption, but of every eruption whatsoever. If, says he, we have a case of fresh itch to treat, one or two globules of tincture of sulphur in the decillionth potency will suffice to cure the whole disease, external as well as internal. Although sulphur has been recognised for ages as the cure for itch, it has hitherto been so improperly used that more harm than good has resulted from its use. If the primary itch-eruption has been some considerable time on the skin, in that case the internal disease has developed itself further, and sulphur will seldom alone suffice for the cure. If the eruption has been suppressed or driven off the skin, then sulphur will not suffice for the cure, but several antipsorics in succession will be needed to effect a cure.

Hahnemann then proceeds to point out the peculiarities of the treatment of psoric diseases, which I need not dwell upon here, as you must study that for yourselves in the *Organon*, and in the work upon *Chronic Diseases*, both of which works are translated into English, and should be in the library of every homœopathist. I may mention that the directions for the treatment of psoric diseases do not differ essentially, though there are of course considerable variations in the details, from the rules laid down in the *Organon*. The main practical difference consists in this, that they can only be cured effectively with antipsoric medicines; that is to say, those medicines which exhibit, in their positive and pure pathogenetic effects upon the healthy human body, most of the symptoms that are most frequently observed as peculiar to the latent as well as to the developed psora. Otherwise their selection is to be made strictly in accordance with the homœopathic therapeutic law. In this great work on *Chronic Diseases*, Hahnemann presents us with the symptoms of forty-seven carefully-proved antipsoric remedies, some of which had already figured in his *Materia Medica* before his promulgation of the psora-doctrine.

In conclusion, I may state that Hahnemann himself alludes to the essay he wrote upon the action of coffee in 1803, where he had ascribed the production of a multitude of chronic diseases to the action of that all but universal beverage, and he confesses that he thinks he had ascribed an exaggerated importance and gravity to its use; since his discovery of psora as the cause of so many chronic diseases, he is inclined to attribute to that agent the production of most of those affections he had imputed to coffee. Indeed, in the first edition of his *Chronic Diseases* he allowed the moderate use of coffee as a beverage to patients suffering from chronic diseases, which permission, however, he retracts in the last edition.^m

Such, then, is a brief outline of the famous psora-theory of Hahnemann, which was first formally given to the world in 1828, and which has given rise to much controversy among Hahnemann's disciples, and been the source of many bad jokes and silly sarcasms from the enemies of his doctrines.

I have already shown that in its main features it was not altogether a novelty of Hahnemann's in 1828, but that he had already in 1816 enunciated a similar though not so universal a doctrine of the production of chronic diseases of the severest character from the repression of the primary itch-eruption.

I shall now proceed to examine with you the opinions of others upon the subject; and first let us inquire what traces of this doctrine are to be found in the writings of Hahnemann's predecessors. Of scattered and single observations relative to the dangerous and inconvenient results attending the suppression of the primary itch-eruption, Hahnemann has furnished an immense collection, from Hippocratesⁿ down to his own time. Of authors who wrote before Hahnemann, and who have held similar ideas respecting the connection of chronic diseases with itch or psora, the most remarkable are Fred. Hoffmann, who flourished before Hahnemann was born, and Autenrieth, whose famous work on this subject

^m Chron. Kr., 2nd edit. i. 135.

ⁿ Ibid., i. 126.

was published twenty years before Hahnemann's. The first author is frequently referred to by Hahnemann in corroboration of his views. Hoffmann particularly dwells on the circumstance of internal diseases being cured on the occurrence of psoric or scabious eruptions, but he also refers frequently to the production of serious internal diseases by the suppression of external eruptions. "Almost all the most serious and deadly diseases," he says, "both chronic and acute, and those the most firmly rooted in the system of the nervous parts, may be relieved, on the matter being expelled, according to the habit of the body; and, on the contrary, the matter being repelled to the interior parts, the same disease may be excited. . . . Experience itself teaches this truth; for innumerable observations of the most credible authors exist, which record that spasmodic asthma, inflammation of the joints, gout, and many other diseases, have been removed on the appearance of itch, and, on the other hand, have arisen on the itch being suppressed."^o Among the "many other diseases" are epilepsy, amaurosis, presbyopia, hæmaturia, consumption, rickets, hooping-cough, apoplexy, rheumatism, hydrocele, abdominal maladies, marasmus of children, fever continued and intermittent, etc.^p It appears that Hoffmann, like Hahnemann, included several varieties of skin diseases under the usual appellation of scabies or psora.

Autenrieth's notions upon the connection of itch with chronic diseases have an equally striking resemblance to Hahnemann's views. His observations were published in 1808, but Hahnemann alleges he was not acquainted with them before the publication of the first edition of his *Chronic Diseases*.^q For a full examination and criticism of Autenrieth's work, I must refer you to the sixth volume of the *British Journal of Homœopathy*; in this place I can only give you an outline of his doctrines.

He believes that a great many diseases are dependent upon itch, and he cites many examples from the Tübingen Hospital to prove the truth of his assertion. In this

^o Fr. Hoffmann, Op. omn., *De Pustulis*, quoted in Henderson's *Homœopathy Fairly Represented*, p. 144.

^p Hoffmann, op. cit., referred to by Hahnemann, *Chron. Kr.*, i. 23-40.

^q *Chron. Kr.*, second edition, i. 23, note.

way he presents us with cases of itch-hydrocephalus, itch-phthisis, itch-chlorosis, itch-morbus-coxarius, itch-anasarca, itch-epilepsy, itch-amaurosis, itch-glaucoma, itch-melancholia, itch-mania, itch-paralysis, etc. etc. But Autenrieth is far from alleging that every hydrocephalus, every phthisis, every paralysis, etc., is derived from itch; on the contrary, he pretends to be able to distinguish by particular signs the psoric form of these diseases from the common one, with but indifferent success, however. He ascribes the occurrence of these serious chronic diseases to the repulsion of the itch by means of unguents and salves. He says it is sad and disgusting to entertain the notion, as so many do, that itch cannot be driven too rapidly off the skin. At the same time, he says, it is ludicrous to attempt to cure itch by internal remedies, it can, he says, be cured by external means alone; for this end he advises the employment of acrid substances, for, says he, an itch-pustule that is as it were *burnt* off, will certainly not allow of the retrocession of the itch-virus. His chief remedy is washing with liver of sulphur and soft soap; he has only once observed asthmatic symptoms follow their use. In cases where the skin was lax and inactive, he gave at the same time sulphur or hepar sulphuris internally, but never purgatives. It is only in the first stage of the secondary itch-disease that he considers it useful to apply derivative medicines to the skin, in order to bring back the itch. Itch-ulcers he considers invaluable remedies for secondary itch-diseases that are otherwise incurable. Itch-phthisis is sometimes cured by nature, but only in the commencement, and then only by the production of other bad diseases, such as paralysis of the lower extremities, epilepsy, etc.

Crusta serpigiosa, the ordinary suppurating itch of younger individuals, and the dry itch of older people Autenrieth considers to be essentially the same disease. He speaks of a *scabies ferina*, and considers this capable of being traced back to the leprosy of the Greeks; he says the chain of cutaneous diseases, becoming ever milder, may still be traced from the elephantiasis and leprosy of the Greeks down to the infectious *tinea capitis*, to the scabby herpes, and lastly, to this kind of

small dry scabies. Autenrieth was not ignorant of the existence of the *acarus* in itch, but he regarded it as the product, not the cause of the disease.

It will thus be seen, that in more points than one Autenrieth's views correspond remarkably with those of Hahnemann, though certainly the treatment of both is widely different. Hahnemann expresses great indignation at Autenrieth's remark that it is ludicrous to attempt to cure itch by internal means, while at the same time he ascribes to the ordinary treatment of itch by ointments the bad effects that follow its removal from the skin, "as if," says Hahnemann, "his own tedious local repulsion of the disease by means of *hepar sulphuris* and soft soap were one bit better, as if it were not likewise a mere local repulsion of the itch-eruption from the skin."

Another author, viz., Dr. K. Wenzel, seems also to have preceded Hahnemann in the idea of itch being the source of so many chronic diseases, if I may judge from the title of his work, for I have not been able to get a sight of the book itself. The title is, "*The True Itch, with special regard to its improper treatment as a source of innumerable and frightful secondary diseases. 1825.*" This work is referred to by Hahnemann several times in his *Chronic Diseases*.

Many other distinguished authorities in the old school have held more or less completely the views of Hahnemann, as may be seen by a reference to his quotations in the work just mentioned.

On the first appearance of Hahnemann's work on *Chronic Diseases*, Dr. Stapf* greeted it with a shout of rejoicing. He says that this work contains the most surprising revelations respecting the nature and treatment of those chronic diseases which have hitherto baffled all the efforts of our art to cure. With this doctrine of the nature of these troublesome diseases begins a new and happy epoch for homœopathy, whereby it is brought many steps nearer to its now very possible perfection. He desires nothing more than that very many physicians may devote themselves to the study of the views contained in Hahne-

* Chron. Kr., second edition, i. 23, note.

▪ Arch., vii. 1, 166.

mann's new work. He feels assured that they will be at first surprised and struck by the depth, the originality, and the strangeness of the doctrines therein inculcated; but he doubts not that they will soon be convinced of their intrinsic truth, and be grateful to the man whose rare acuteness, rich learning, and unwearied search after truth, even in his extreme old age, has removed the veil from the light that was hitherto concealed from our eyes, and communicated to the world this invaluable discovery. At the same time Dr. Stapf remarks, that never was it more essential for success to follow strictly the instructions given, and every deviation to the right or to the left will be most assuredly punished, "just because here everything is a thoroughly ascertained and distinctly expressed law of nature." He can bear testimony to the wonderful success attending the strict attention to the rules laid down by Hahnemann from his own experience, and that of his friend Dr. Gross, Hahnemann having made them both his confidants in the year 1826 (it was, we are elsewhere told, in the year 1827 that this great event took place, but Dr. Stapf's enthusiastic zeal probably obscured his memory at this moment).

In the very next number of the *Archiv*, Drs. Gross and Stapf relate each a few cases to show the efficacy of the antipsoric treatment, or rather the treatment with those medicines denominated antipsorics by Hahnemann. Curiously enough, Dr. Gross's cases of antipsoric treatment commence in December, 1826, whereas we learn from both Hahnemann[†] and Dr. Stapf, in his notice of Dr. Gross's death,[‡] that it was only in the autumn of 1827 that Hahnemann imparted to them his doctrine of chronic diseases. Possibly 1826 is, after all, the correct date of this confidence on Hahnemann's part to his favourite disciples, for several reasons, which I shall not now stop to discuss, as it is of very little importance, except in a historical point of view.

The famous psora-theory of the origin of most chronic diseases having thus been propounded to his faithful disciples and the world by Hahnemann, and testified to by the Damon and Pythias of homœopathy, Drs. Gross and

[†] Chron. Kr., i. 6.

[‡] N. Arch., iii. 3.

Stapf, was at first hailed with almost universal applause, and received as an irrefragable truth by the homœopathic world. Scores of homœopaths rushed tumultuously into print to corroborate Hahnemann's statements, and to declare that though they had previously considered homœopathy as near to perfection as possible, this important discovery was all that was needed to make it absolutely perfect. Careful critical examination of the doctrine seemed for a while to be lost sight of altogether, and several years after the year 1828 each vied with his neighbour in parading his cases of, now no longer homœopathic, but antipsoric cures. Homœopathy receded for a while into the background, and the very men who had been incessantly re-echoing Hahnemann's ridicule of the search for the cause of the disease, had now continually in their mouths the expressions itch-disease, latent itch, masked itch, smouldering itch, etc. Had Hahnemann proposed to have ascribed all diseases under the sun to the influence of the moon, I believe a certain number of his disciples would have started up in ecstasies at the brilliant notion, and testified to it by miles of print, "full of wise saws and modern instances."

After a time, however, this psora-theory of Hahnemann's came to be regarded by some in not quite such a credulous spirit, and up to the present time an immense deal has been written both for and against Hahnemann's views. In fact, I may say that hardly any part of the whole homœopathic system has been more discussed than this, and respecting none has a greater variety of opinion prevailed.

I could not afford the time, nor could I so far tax your patience, as to give you even a slight *résumé* of all that has been written upon the subject; for this purpose two or three lectures would not suffice. I shall content myself with laying before you the views of the principal writers who have treated of it, and that in as succinct a form as I may.

One of the most curious essays that has appeared upon the subject is that of Dr. Alexander Peterson of Pensa, in Russia.* He accepts the psora-theory of Hahnemann

and the identity of psora with leprosy as established facts, and seeks to trace the ultimate origin of the disease. He collects together a vast amount of interesting matter, and not a few old women's fables, with a view to show the cutaneous-disease producing and curing power of the venom of poisonous reptiles, and he seeks to show by analogy that the psora-virus can be only derived originally from an animal poison, and that furnished by a reptile. I need hardly say that this essay is almost entirely made up of conjectures and forced analogies, but it contains an abundance of very interesting and curious matter, though the author by no means furnishes any satisfactory proof of the correctness of his views respecting the origin of psora. Possibly had he known the connection between scabies and the *sarcoptes hominis*, he would have found in this a strong confirmation of his creed of the animal origin of psora.

In a subsequent essay* he endeavours to make it appear that the Asiatic cholera, of all diseases in the world, is of psoric origin, and his proofs are of the strangest. That it is so frequent among that very itchy-leprous people the Hindoos is a strong argument. Then he seeks to show that each individual symptom of the cholera is decidedly a psoric symptom, and a further argument is that the remedies used for cholera are essentially antipsorics. This latter style of reasoning was, as I have shown, originated by Hahnemann, and many of his disciples have followed him religiously in this, if they have not done so in other things, so that it is by no means uncommon to hear the cure of a disease by a so-called antipsoric brought forward as a proof that the disease so cured must have been of psoric nature. This is just as if we should say, such and such a disease is essentially syphilitic, the proof of which is that we cured it with that eminently antisymphilitic medicine, mercury.

Rau of Giessen, who was not a man likely to be blinded towards any of Hahnemann's doctrines by a fanatical zeal for the homœopathic system, gives the subject of the psora-doctrine a calm and dispassionate considera-

* Arch., xiv. 1, 67.

tion in several of his works on homœopathy.* He allows it to be true that many chronic diseases may be and really are the result of ill-cured itch. He regards Hahnemann's psora-doctrine as indicative of an effort on the part of the founder of homœopathy to supply a palpable defect in the system. By his enunciation of this psora-doctrine, he says, Hahnemann virtually acknowledged the necessity of looking to the morbid condition of the organism for an explanation of the meaning of the perceptible morbid phenomena. The quintessence of the doctrine, he states, consists in this, that it is requisite to take into consideration the internal hidden qualities, and especially any latent dyscrasia that may happen to exist in the organism. The truth of this has, however, long been recognised by medical men. He regards the psora-doctrine in the form that Hahnemann has given it as untenable and hypothetical, and he advises that the name *antipsoric*, as applied to remedies, be dropped entirely, and *eucrasic* used instead, in contradistinction to the *dyscrasic* element of many chronic diseases. In another article he speaks in a similar manner, and considers the truth of the psora-doctrine to consist in this, that the obstinate character of many diseases is owing to derangements in the vegetative life, and that such derangements are frequently secondary diseases of scabies, syphilis, and sycosis.

Dr. Wolf of Dresden, in his remarkable little work, which he designated, in imitation of Luther, *Eighteen Theses*,† says, in the twelfth of these theses, that a considerable number of chronic diseases are incapable of being cured perfectly by any means. He is not disposed to allow that itch is a cause of chronic diseases to anything like the same extent that Hahnemann claims for it. He looks upon it as, upon the whole, an unfortunate notion of Hahnemann's, but consoles himself by saying that it has had almost no influence upon practice, which is scarcely consistent with fact, unless we conceive Dr. Wolf to allude to his own practice; for, as I think I shall

* Rau's Organon; Werth d. hom. Heilsystem; Ideen zur Wissensch.
 † Achtzen Thesen, 1836.

be able to show, the psora-doctrine has had a considerable influence on practice, both of a good and a bad kind.

Dr. Schrön, one of the most unimaginative heads among the homœopathists, a man of strong sterling sense and great scientific acquirements, has written a good deal upon the psora-theory.* He undertakes the defence of præ-antipsoric homœopathy against its founder, and he shows from the homœopathic records of those very men who are so enraptured with the psora-doctrine, that chronic diseases which would now undoubtedly be called psoric, were cured, and that thoroughly, before the psora-doctrine was invented, and without the use of any of the so-called antipsoric medicines. He conceives the cure with homœopathic medicines to be due not to their relation to the imaginary psora, but to their homœopathic harmony with the disease. He admits that this doctrine has had a material influence on practice, because it has given rise to a peculiar method of treatment, namely, the antipsoric, a treatment of the cause, at one time so much derided by Hahnemann; and he agrees with Helbig in thinking that it is inconsistent to talk of a *panætia* or universal cause for diseases, and to deny a *panacea* or universal cure for diseases.

Dr. Hering carried the psora-doctrine rather farther than its founder intended.* He holds that in a case of infection with psora, the infected person gets not merely the ideal general disease psora, but the particular form of it that was present in the individual by whom he was infected; thus if the infecting person was phthisical, the infected would certainly take phthisis though he had not the phthisical constitution. He believes that all epidemic fevers should be regarded as psoric, that many acute contagious diseases are of a psoric nature, that even intermittent fevers are of this character; in fact, according to what he says, it would be almost if not quite impossible to tell the difference betwixt psoric and apsorpic diseases. Hahnemann says that a person perfectly free from psora would not take ague in a marshy country, nor inflammation of the lungs from a chill or

* Hauptsätzen, p. 88.

* Arch., xiii, 3, 32.

draught of air, but he by no means wishes it to be understood that epidemic or acute contagious diseases are of a psoric nature; indeed, he expressly denies this. It will be seen that to make out all diseases to be psoric, as Dr. Hering implies, would be to make all medicines antipsoric, and virtually to do away with the psora-doctrine completely.

Dr. Hering seeks in this essay to discover a prophylactic for the itch. He has never, he says, met with a case of incurable itch. Perhaps, he observes, with much candour, this may be owing to the circumstance of such patients as were not rapidly cured leaving off his treatment. When he was unable to cure the disease by internal remedies, he succeeded with the most important remedies repeatedly applied externally. These remedies were chiefly sulphur, *tinctura acris*, arsenic, zinc, *carbo vegetabilis*, *sarsaparilla*, *jacea*, *natrum carbonicum*, *sepia*, and finally, *olive oil* duly potentized. In this same essay Hering talks a great deal about *psorine*, enumerating its various properties, among which he states that it is a prophylactic against infection with itch. Amidst many curious remarks, he states that *psorine* is capable of developing itch, which may be of great extent and severity, though caused only by a globule of the 30th dilution; and that this itch, whether it be developed primarily or whether it be the internal psora transferred to the skin, disappears most certainly with the primary action of the remedy.

Before proceeding to give you an account of the discoveries respecting the psora-theory and the modifications of it that its partisans have proposed since the general acceptance of the *acarus scabiei* as an essential element in the disease *scabies*, I shall content myself in the present lecture with merely adducing a few more authorities from the allopathic ranks who, with Hahnemann and Autenrieth, look upon scabies as a source of chronic diseases.

In the third volume of the *British Journal of Homœopathy* (page 255) you will find some interesting observations by the late Professor Beer, the celebrated oculist of Vienna, on the production of amaurosis by the suppression of itch, and the hopelessness of a cure

in such cases without reproducing the psoric eruption, "bringing back the itch," as he terms it.

The justly celebrated Professor Schönlein of Berlin is a firm believer in psoric after-diseases. In his work on *General and Special Pathology and Therapeutics* (page 87), he gives a description of a disease which he terms *asthma psoricum*. "It is," says he, "always preceded by itch that has been rudely suppressed by ointments. After a longer or shorter time, the patient becomes affected with a pressive pain in the sternum, which, though at times better and worse, never leaves him. Towards evening, and after exertion, this pain increases suddenly to an attack of asthma, by which the chest is much oppressed; the patient has a sensation as if a breath or a ball rose from the pelvis or generally only from the ensiform cartilage, a sensation which closes the larynx, so that he thinks he must be suffocated, or that something is sticking in the larynx and impeding respiration." Such an attack, he continues, lasts several hours, and is relieved if an exanthema appears. He also speaks of *psoric-phthisis*, and in a clinical lecture, reported in the *Lancet* for 1844, *apropos* of a cure of organic disease of the heart with dropsy, he says:—"What is the cause of this affection? On looking backwards, we find no other complaint than the itch. . . . I must confess that, according to my own observations and to those of many other physicians who deserve the fullest confidence, I have no doubt whatever about the existence of sequelæ of the itch."

Dr. Weitenweber, in a series of papers published in the *Austrian Medical Journal*,^b enumerates twenty-seven different diseases as the result of repelled itch, from his own and others' observations.

In the *Hamburg Medical Journal* for October, 1839, a Dr. Nathan passes a critique on the psora-theory of Hahnemann, which is interesting as proceeding from an allopathic writer. He examines it without acerbity and in a spirit of perfect fairness, a quality by no means rare with the thoughtful and speculative German physicians

^b Med Jahrb. d. k. k. Öst. Staates, 1844.

when treating of homœopathy, but which we almost entirely miss in the analogous writings of English allopaths. He regards the psora-theory as analogous to the dyscrasia-theories of ancient medicine. "If," says he, "we substitute for psora, disease of the blood, state of the blood and *vice versâ*, then this theory will correspond perfectly with the others." In this sense he is quite of Hahnemann's way of thinking. If in place of psora we substitute the expression, general cachexia, and bearing in mind this change, peruse Hahnemann's exposition with due attention, then, says he, we gain an insight into the collective array of these pathological states, that we can nowhere else obtain." Thus, it will be observed, the views of the allopath Nathan are almost identical with those of the homœopath Rau on the subject of the psora-doctrine of Hahnemann.

LECTURE X.

ON HAHNEMANN'S DOCTRINE OF CHRONIC DISEASES (CONTINUED).

I NOW come to a consideration of the opinions of the more recent homœopathic writers and others on the subject of Hahnemann's psora-theory, expressed subsequent to the pretty general recognition of the presence of the *acarus* as essential to the disease which Hahnemann held to be the source of so many chronic diseases, viz., the scabies or itch.

In the sixth volume of the *British Journal of Homœopathy* you will find a paper on the subject of psora or itch, written by Dr. Russell, in which the history of the knowledge of the existence of an animal inhabiting the skin in the disease we term scabies is traced from remote times.

It appears that about 640 years ago Abenzohr spoke of the existence of small vermin accompanying a skin disease, in such terms as must lead us to acknowledge their identity with the itch-insects of our days. His words are—" *Syrones* (called by the Arabs *assoalat* and *assoab*) are lice which creep under the skin of the hands, legs, and feet, and there excite vesicles full of water. So small are the animalculæ that they can hardly be distinctly seen." Magnifying-glasses had not yet been invented.

Abenzohr gives this as a popular belief, and it is curious that in almost all countries a belief obtained that itch depended on the existence of a small vermin in the skin, and in many, certain old women and others were in the habit of driving a lucrative trade by extracting these small insects with a needle or other sharp-pointed instrument, and thus curing the disease. The peasants of Germany had a particular name for this operation. They termed it *Säuren-graben*, *Säuren* being

probably a corruption of the more ancient *syrones*. In Mouffet's *Theatrum Insectorum*, published in the year 1634, this insect is introduced upon the stage as the chief actor in the drama of itch. Hauptmann of Leipzig gave a drawing of it in 1650; likewise an Italian of the name of Bonomo published an account of these creatures in 1683; and again, Wichmann in 1786 makes mention of their existence. Later pathologists and authors upon skin diseases, however, were either ignorant of the fact that it had ever been said that the itch had anything to do with an insect, or they noticed the report only to discredit it. Even Rayer and Biett, the celebrated dermatologists, continued as late as 1812 to disbelieve in the existence of the *acarus*; and a student from Corsica first convinced Rayer of their presence in the skin, and instructed him in the art of extracting them, as he had often seen the operation performed by the peasants of his native country.

Before this time, Dr. Adams, in his work on *Morbid Poisons*, described the method of extracting the itch-insect, called in Portuguese *ouçoës*, as he had seen it practised in the island of Madeira, and gives what we may call a pathogenetic proving of the insect; not, however, by means of swallowing a trituration or dilution of the vermin in the orthodox Hahnemannian manner, but by allowing two of the *acari* to burrow under his own skin, whereby he got in due time a severe attack of itch all over his person, from which he was only cured by means of an ointment of white precipitate.

Since that time all dermatologists coincide in the opinion that the little insect called *acarus scabiei* or *sarcoptes hominis* is essential to the itch-disease; that this well-known disease is never without it, though the difficulty of finding it is sometimes considerable, but that with a little patience and skill, and knowledge of the exact spot where it may be expected to be met with, it may always be discovered and drawn from its crypt in the epidermis.

In 1844, Dr. Ferdinand Hebra of Vienna, professor of skin diseases and physician-in-chief to what is called the *Krätz-abtheilung*, literally *Itch Department*, but more

properly *Cutaneous Disease Department* of the Vienna General Hospital, wrote an essay in the Austrian *Jahrbücher*, or medical journal, upon scabies. I may give you a brief abstract of his description of the disease. He says, its characteristic feature is the presence in the epidermis of certain tracks or passages, termed *canaliculi*, containing the itch-insect or *acarus scabiei*. Without the insect, he observes, there is no itch, and wherever the insect exists, there will be found the tracks or canaliculi just mentioned. These tracks differ in appearance under different circumstances. In young cleanly individuals, with fine soft skins, they appear as delicate white lines, slightly tortuous and somewhat elevated above the surface of the epidermis, varying in length from one line to as much as several inches. At one end is generally a vesicle, pimple, or pustule, but this is not the seat of residence of the acarus, but represents the point of his entrance; the little animal will be found at the farther end of the track, and his presence is indicated by a very small, roundish elevation, somewhat darker in colour than the rest of the track. The vesicle stands in the same relation to the acarus that the mole-hill does to the mole, and this circumstance will account for the want of success of many searchers for the acarus, as they have generally thought that the animal was to be found close to or in the vesicle or itch-pustule, which is far from being the case. In cases of long standing, and in patients who are older or dirty, or who have a thicker epidermis, the track of the insect is no longer white, but often scarcely to be distinguished from the surrounding skin except by its elevated appearance or by its greater dirtiness. As a rule, Dr. Hebra says, the acarus is confined to certain parts of the body, viz., the hands, wrists, and fore-arms, the feet and ankles, occasionally the penis and scrotum, and more rarely the anterior surface of the thorax and the knees. The general eruption over the whole body is produced by the scratching of the patient, owing to the sympathetic itching over the whole skin that accompanies the presence of this little vermin. As a proof of this, he alleges that paralytic patients infected with itch present none of the

scabious eruptions on the limbs destitute of sensibility, excepting the itch-vesicles and canaliculi, the immediate effect of the acarus. Several such cases I witnessed in Hebra's wards. According to Hebra, the acarus alone possesses the power of propagating the disease. No inoculation of the fluid contained in the vesicle will suffice. This he convinced himself of by experiment. The deduction Hebra draws in this essay from the facts he relates is, that in order to cure the itch we only require to kill or remove the acarus, and this he does by rubbing an ointment, consisting of chalk, sulphur, pitch, soap, and lard, upon the parts infected with the acarus, whereby the vermin is destroyed, and the sympathetic eruptions dependent on its presence, together with those produced by the patient's scratching, gradually die away. An immense experience of this mode of treatment convinces Dr. Hebra of its efficacy and its perfect safety, and the non-liability of the patient to relapse after the disease has been thus removed. Various secondary eruptions do, it is true, appear after the itch-disease is removed, but these, he alleges, readily yield to the application of caustic potash in solution.

Such, then, are Hebra's notions on the subject of itch, as expressed in the essay I have just given you an abstract of, and such may be considered as the notions of most modern pathologists and dermatologists respecting the nature and treatment of this disease. Against these ideas a homœopathic physician, Dr. Puffer, felt himself impelled to write, fearing probably that homœopaths might be disposed to adopt the apparently simple and effectual method described by Hebra, and thus, as he thinks, do much harm to patients by the treatment, and sap the foundations of Hahnemann's doctrines by the adoption of Hebra's most heretical pathological views. Dr. Puffer records the results of his observations and reflections in the second volume of the *Austrian Homœopathic Journal*, and I shall now endeavour to give you a brief abstract of his essay.

He premises, by condemning the practice so common among allopathic practitioners of treating itch and other skin diseases by means of ointments and other external

appliances. He asserts that Hahnemann's psora-theory is founded on a great and important truth. He refers to the reciprocal relations of the skin and the rest of the organism, and from his own and others' experience he gives numerous cases of the disappearance of cutaneous diseases being followed by hydrocephalus, apoplexy, and other serious diseases. One case in particular he relates, that of a girl namely, who being affected with itch had the disease removed by means of an ointment containing lead; after the disappearance of the eruption there occurred heart disease, to wit, insufficiency of the mitral valve, together with ascites and anasarca. After the administration of sulphur a papular eruption appeared on the skin, but the disease went on increasing in intensity, and finally carried off the patient. It is remarkable that Dr. Griesselich, in his *Sachsenspiegel*, relates an almost precisely similar case.

As regards the ætiology of itch, Puffer declares himself to be opposed to those who do not admit the existence of what are called metastases of itch, and especially to the view expressed by Hebra in the paper I have just referred to, viz., that where no *acarus* exists there can be no itch. In opposition to Hebra, Puffer is a defender of the real contagiousness of itch, and will not allow that it is of a parasitic nature. In like manner, contrary to Hebra's opinion, he contends that the eruptions accompanying itch are essential parts of the disease. He will not admit the conclusiveness of the observations and experiments of those who allege that it is only the *acarus* that conveys the infection, and that the fluid from the pustules has no power to do so. He cites a Dr. Schubert as an authority for the contrary; said Dr. Schubert having, it is said, succeeded in producing itch by inoculation with matter taken from an itch-pustule a year before.

Puffer holds the contagium of itch to be an animated substance, for whose production an internal itch-disease must be presupposed; the insect is not to be viewed in the light of cause, but in that of phenomenon or symptom: he considers it highly probable that the *acarus* is a product of the organism itself, a *generatio æquivoca* or *spontanea*, just as intestinal worms are said to be produced from the

intestinal mucous membrane, and lice to be generated by some kinds of tinea. Thus, for the production of the *acarus scabiei* itself, the pre-existence of the internal itch-disease is required. For the production of the itch-disease, as for that of every other contagious disease, two conditions are requisite, an external and an internal; viz., the exciting and the predisposing cause. Dr. Puffer admits that the *acarus* is capable of propagating the itch, but alleges that it cannot do so except the itch-disposition be present; just as the silkworm cannot live on cabbage-leaves, but requires the mulberry-leaf for its support. Puffer accordingly is against that method of treatment that only consists in killing the *acarus*. He accounts for the fact that so many practitioners have never seen any secondary diseases after the suppression of the itch, by the long period of the incubation of these secondary diseases, though at the same time he admits that it is going too far to ascribe every disease to an itch that has been suppressed by external agents. Hospital medical men, he remarks, are not in a position to observe what becomes of those patients whose itch they have cured.

As regards the treatment of itch, Puffer says that the rapidity of its disappearance from the skin is no test of the excellence of the remedial means employed. The safety of the patient, his exemption from after-affections must also be taken into consideration. Hence he condemns the treatment of Vezin, Hebra, and many others, who seek only to destroy the *acarus*, and thus procure the disappearance of the rash in a few days. On the other hand, he vaunts the efficacy and safety of the homœopathic treatment of itch by its specific, sulphur. He believes, however, that Hahnemann was mistaken when he said that itch can be cured in from two to four weeks by a globule or two of the 30th dilution of sulphur, and thinks that Hahnemann's diagnosis of the disease he so cured must have been erroneous, more especially as he makes no mention of the characteristic signs of itch, namely, the presence of the *acarus* and its tracks or canaliculi. Hahnemann's followers, he asserts, have also generally made wrong diagnoses regarding this disease.

He states that the disease must be treated with sulphur, not only internally but also externally, but he does not tell us what preparation of sulphur he advises to be used externally.

This essay of Dr. Puffer's incited Dr. Hebra to write another article^c upon skin diseases, and especially upon itch, which is well worthy of a perusal, containing as it does some excellent remarks upon the pathology of skin diseases. Hebra of course defends his views formerly expressed in the *Jahrbücher*, and attacks systematically all the opinions advanced by Dr. Puffer. From his position as chief medical officer in the skin-disease department of the General Hospital, he had an excellent opportunity of observing all manner of skin diseases, and of putting to the test his method of treatment. His experience extends over an immense number of patients, 15,000, he says, is not too large a figure to express the numbers he has actually treated; and the opinions of one who has enjoyed such advantages, and who possesses besides a fair talent for observing and great industry, are entitled to our best attention. Whilst he allows that every dyscrasia (meaning every morbid condition of the blood) is, under certain circumstances, connected with the formation of an exanthema, he states that each of these dyscrasias may also occur without any appearance on the skin. He treats the doctrine of itch-metastases and psoric humours as a myth, and will not allow that there are any such things as herpetic, impetiginous, leprous, or psoric dyscrasias. The *acarus*, with its *canaliculi*, is the sole essential feature of the itch-disease, and the object of the practitioner should be to get rid of the insect by its destruction as quickly as possible. Not only has he never seen anything like a metastasis from this treatment of the itch, but he denies that anything of the kind ever occurs from the suppression, or cure as he terms it, by external means, of any skin disease whatever. As regards the itch, he says he has had ample opportunities of convincing himself of the accuracy of this assertion, for his experience is not confined to the patients that

^c *Ztsch. der Ges. d. Aerzte*, v.

come and go in his hospital, and whom it is possible he might altogether lose sight of, but he has, by means of placing acari on the skin, produced itch on himself, his students, and nurses, and cured it by means of sulphur ointment, and not the slightest bad or unpleasant effects have ever resulted. He says that erroneous ideas prevail respecting local and general treatment; thus the treatment is called external or local when the remedy is applied to the skin, but if it be applied to the mouth or stomach it is called internal or general. This distinction, he asserts, is not tenable and is quite arbitrary, for a medicine may exercise a general action as well when applied to the skin as to the stomach; an opinion indeed which was expressed and acted on by Hahnemann himself, as we shall hereafter find, in as far as the sound skin is concerned, and one which is corroborated by the daily experience of allopathists, more especially in their mercurial inunctions for the cure of syphilis or other disorders.

The notion advanced by Dr. Puffer and others that the general disease is relieved or silenced by a skin eruption is in many cases not true, for patients die of typhus or of inflammation though a skin disease may appear in the course of the disease, and some febrile diseases, such as small-pox, measles, scarlatina, etc., are severe in the direct proportion of the extent of skin-disease they present. That impetiginous diseases disappear on the occurrence of typhus is not a sign that the intensity of the typhus has anything to do with such disappearance, for it is rather in consequence of the general disease that the skin-disease disappears. In syphilis the occurrence of the syphilitic skin-disease does not suppress the other effects of this malady, for such syphilitic exanthemata often co-exist with iritis, sore throat, ozæna, and nodes. Notwithstanding all this and many other assertions and facts, Dr. Hebra is far from denying the reciprocal relation of the skin and other parts of the organism. He again repeats his assertion that the general eruption on the skin of scabious patients is caused by their own scratching, and refers to cases of itchy persons paralysed in the upper extremities who presented no general eruption, but only the scabious

vesicles and canaliculi on the parts inhabited by the acarus. Hebra asserts that it is always his endeavour in all cases of skin diseases and ulcers to heal them as quickly as possible by external remedies, and he invites all those who dream of the bad effects of such treatment to watch his practice as carefully as they like. He laughs at the notion of a secondary disease from a suppressed cutaneous eruption requiring an incubation period of several years.

Dr. Griesselich, in the work to which I have frequently referred in these lectures, pays great attention to Hahnemann's psora-theory, and enters at length into all the different points of a practical and theoretical nature involved in it.

The truths contained in Hahnemann's psora-theory, he says, go to supply many wants in the Hahnemannian homœopathy, as it had previously existed. When Hahnemann talks of the utter inefficacy of the treatment of chronic diseases he is guilty of great exaggeration, a fault which he very frequently commits; for there is no doubt that chronic diseases were cured by Hahnemann himself, as we learn from many cases detailed in his *Lesser Writings*, before the discovery of the psoric origin of diseases, and before he knew a single so-called anti-psoric medicine. Griesselich regards the psora-doctrine as supplying a defect in the otherwise hyperdynamic doctrines of Hahnemann, and an acknowledgment that what is called the complex or totality of the symptoms is not the sole indication for the choice of the drug. By the psora-theory the material organism and the relation of the disease to its exciting cause are restored to a portion of their rights, and the choice of the remedy is made to depend, not only on the morbid symptoms actually present, but also on those that have been and are the cause of the disease. Thus diseases are tacitly acknowledged to be something more than dynamic disturbances of the sensations, as Hahnemann elsewhere describes them. As Hahnemann further asserts that an individual will only be affected with *acute* disease provided he be of psoric habit, this doctrine of chronic diseases has also an effect upon that of acute diseases.

However, Hahnemann's dynamism is observable even in this his psora-theory, which is otherwise of such a material and humoral pathological character; for he states, as you may remember I observed in my last lecture, that the nerve receives the impression of the miasm and communicates it to the other nerves, an opinion which, Griesselich remarks, needs no refutation now-a-days, for the nerve only receives or conducts those things that it is adapted for. From Hahnemann's psora-theory it would appear that chronic diseases are only derived from an actual infection with itch, syphilis, or sycosis, itch being the provoking cause of seven-eighths of these chronic diseases. Actual infection with one or several of these three diseases is the sole source of all true chronic diseases according to him, and these unassisted nature can never overcome; but still he admits the occurrence of another sort of chronic diseases, which he says are improperly so termed, and which are produced by exposure to avoidable noxious agencies, such as intemperance, dissipation, unhealthy situations, want of exercise, etc., but these will, he says, disappear of themselves when their exciting causes are removed. Griesselich declares Hebra's views of the complete localization of skin diseases to be not only erroneous but dangerous. He says that the experience of every practitioner will furnish him with cases where, after the suppression of a skin disease, a neuralgia, a paralysis, or other serious disease, worse than the primary one, occurred, evidently connected with the suppressed skin disease. He says it is indifferent whether we employ the term *psora* or the more usual ones of *dyscrasia*, *cachexia*, or *acrid humours* to designate the general disease. We cannot fail to perceive in a vast number of skin diseases the reflection, as it were, of the general morbid condition of the organism, and at the same time a means of keeping that general disease in a slumbering or latent state; but he is also of opinion that the skin may be subject to merely local diseases, which may safely be treated with local means. In the narrower sense of the term, he says, the psora-theory, viewed as a mere theory of the origin of most chronic diseases from *itch*, is miserably one-sided, for

the previous existence of itch is by no means always capable of being proved, and the occurrence of itching of the skin or eruptions thereon in the treatment of chronic diseases cannot be regarded as a proof of the previous existence of itch. But in the wider sense of the term, as indicating cachexia or dyscrasia, the psora-theory is, he asserts, founded in nature and truth.

With regard to the itch itself, Griesselich says that there is no other characteristic sign of itch but the presence of the *acarus* and its peculiar canaliculi. He rejects the idea of a spontaneous generation of the *acarus* from the itch-virus, and asserts that they must always come from without, and are propagated, like other insects, from eggs. Both Hahnemann and Autenrieth were wrong in their diagnosis of itch. The doctrine of the propagation of itch by the fluid from the vesicles was not peculiar to Hahnemann; it was the universal belief in his day. Griesselich thinks that all the evidence is against the inoculation of itch by means of the fluid from the vesicles, and in favour of it by means of the *acarus*, the recorded experiments apparently of a contrary character he succeeds in explaining satisfactorily. Hebra's doctrine of the eruption over the whole body being caused by the sympathetic irritation and consequent scratching, he gives implicit credit to, and cites from his own experience several analogous facts, such as the general irritation produced by the application of rhus-leaves to one part, and that caused by the bites of certain insects. If we regard the *acarus* as the essential agent in the itch—as the itch itself—there can, he says, be no question of a retrocession of the itch-matter, *as no such matter exists*. There can be no itch-metastasis, as the *acarus* can only live on the skin. We can only rightly speak of secondary itch diseases provided the *sarcoptes itch* was previously on the skin. It is, says he, a question whether patients who have been cured of itch homœopathically, by internal remedies only, remain free from after-diseases. Kämpfer^d doubts it. There are two

^d Allg. h. Ztg., Bd. 26, p. 34.

points, the consideration of which must give us quite a different idea of the after-diseases of itch.

1. The constitution of the individual affected by itch.
2. The medicinal means that have been employed for its cure.

Griesselich supposes a case in illustration of the influence of these two circumstances. A tall thin man, whose father died of phthisis, suffers frequently from epistaxis, has occasionally had hæmoptysis, he looks ill and declining, though he has not presented the signs of fully developed phthisis. He becomes infected with itch, the whole skin is covered with eruption, the poor patient cannot sleep, he loses his appetite, becomes thinner and thinner, rubs in first one ointment, then another, takes purgatives, drinks herb-teas to purify his blood, and gradually gets worse and worse. Some old woman advises him to use a salve containing turpentine, the eruption disappears, but the whole organism, which was already in a declining state before the itch came on, is so seriously involved by the whole course of the cutaneous disease and its treatment, that fully developed phthisis now breaks out; the latent or subacute state might have continued for a long time unnoticed, but the smouldering fire now bursts forth and complete phthisis is the result. Of course the harm resulting from such treatment would be much greater if medicinal poisons like lead or mercury had been plentifully used. In brief, says Griesselich, these so-called secondary itch-diseases cannot, in most cases, be regarded as the consequences of ill-treated or spontaneously cured itch, but as maladies the germ of which lay in the organism before the itch was contracted, and which burst forth during the course of the cutaneous disease. A medicinal disease, such as that caused by the abuse of mercury, often plays a part in the affair. Itch and its bad treatment appear to be the awakeners of slumbering tendencies to disease, just as ancient germs burst forth also after measles, scarlatina, typhus, etc.

Look, says Griesselich, at the effects of vaccination; a child with a great scabby eruption is vaccinated and the eruption goes away, and the child, who was previ-

ously thin, becomes fat and strong; another, whose skin was previously smooth and healthy, gets an eruption after inoculation with good vaccine; this lay latent in the body, and the vaccination was only the awakener of the "latent psora;" the vaccine was not therefore necessarily bad. Simple recent wounds fester and will not heal when the organism is in a bad state; there lies an obstacle in the body, and that is the bad state of the blood, the "peccant humours," as the phrase goes.

Therefore, says Griesselich, we may place the scabies, a parasitical disease, in the same category with other morbid causes and disease-rousers; it is not necessary nor right to regard it with Hahnemann as almost the sole cause, or with others as never the cause of the appearance of chronic diseases. The psora-theory, Griesselich continues, has had an unmistakable influence on practice. In the chronic-disease theory, Hahnemann added to his system in two different directions:—

1. By attending to the whole course of the chronic disease, and not merely the symptoms then present.

2. By referring chronic diseases back to certain definite causes.

He also increased the *Materia Medica* by a number of very important substances, and added to the modes of administering the remedies. He inferred the miasmatic origin of chronic diseases from the imperfection of their cure by the unassisted *vis medicatrix naturæ*, even in the best constitutions. It does not very well appear how this circumstance should have led him to infer their miasmatic origin, for we observe that acute diseases of miasmatic origin are often very well cured by nature alone. Chronic diseases being divided into *psoric*, *sypilitic*, and *sycotic*, the remedies for them become also divided into *antipsoric*, *antisypilitic*, and *antisycotic*, and all other remedies were simply termed *apsoric*. But though we can imagine an *apsoric* person, it is hard to conceive how a medicine can be *apsoric*. By this division of medicines the fashion of the old school was imitated, whose medicines are termed *anti-rheumatic*, *antiscrofulous*, *antarthritic*, etc. And yet if we reflect a little, we shall perceive the absurdity of this

division of medicaments adopted by Hahnemann; for *psoric* diseases may be cured by the antisypilitic mercury and by the antisycotics thuja and nitric acid, whilst syphilitic diseases often require some so-called antipsorics for their cure.

From the histories of cases that were published shortly after the enunciation of the psora-theory, we find that it exercised a great influence on practice. Thus if a disease was long about getting better, no careful investigation was made as to the cause of this, but it was at once taken for granted that psora lay at the bottom of it, and as a consequence of this idea it was deemed necessary to give an antipsoric, the favourite being always sulphur. The *similia similibus* rule was in the meantime forgotten, nor was it even deemed requisite to ascertain from the patient if he had ever had itch, "for," says one of the great advocates of the doctrine,^e "it is not necessary to make inquiries with regard to things that are self-evident, and psora is one of these."

Hahnemann, in his *Chronic Diseases*, replies to the question—How can an antipsoric be recognised? but his answer is not very definite. His disciple Weber,^f however, undertook to answer the question in the following words:—"The sign by which we recognise an antipsoric," quoth he, "consists solely and alone in the power it possesses to cure partially or wholly the psora in a human being," which is as though he had said "*a medicine is antipsoric because it is so*," and reminds us of Molière's candidate for medical honours, who, to the question "*Quare opium facit dormire?*" replied, to the complete satisfaction of his examiners, "*Quia est in eo virtus dormitiva*."

The psora-doctrine, however, exercised a marked influence on the doctrine of the dose and the modes of employing the medicines, as we shall see on a future occasion.

Griesselich concludes with remarking that Hahnemann's psora-theory is much too one-sided, and that the truth in it consists in the indubitable facts of so-called

^e *Attomyr*.

^f *Allg. h. Ztg.*, 3, 137.

humoral diseases and in the reciprocal relation betwixt the skin and internal organs. By accepting psora as a general morbid cause we shut ourselves out from investigating the causes of diseases. Antipsoric medicines, as they are termed, are merely remedies of very profound action.

Dr. Arnold, in his recent work on homœopathy,[§] has the following remarks on itch and the psora-theory:—

After observing that it is not any one particular form of skin disease that leaves secondary diseases, but that many and the most different forms do so, and among others the itch does so; but that the most recent discoveries have shown that the cause of this disease does not depend on any contagious principle:

“It becomes therefore a question,” says he, “how a skin-disease that is caused and kept up by a parasite can give rise to diseases of other organs. In contagious diseases the pathogenetic operation is frequently of such a nature that the composition of the fluids is altered by the miasm, and they are in a manner poisoned. Something of the same kind may take place also in parasitic diseases, for these animalculæ may possibly be the carriers of a poison, and thus contain the condition of a dyscrasia. In this respect there would be no difference whether the essential nature of the itch consisted in a contagious principle as was formerly believed, or in a parasite as is now, with good reason, thought to be demonstrated. On looking at the disease, the question now presents itself—can a long-continued affection of the skin produced by mechanical irritation give rise to affections of other organs when it leaves the organ originally affected? The importance of the skin to the normal actions of the organism is not to be gainsaid; but in the itch, and many other skin diseases that often leave secondary diseases, the disturbance of the functions of the skin is not so great as to account for the origin of these secondary diseases. On the other hand, many of the plans for curing the eruption may disturb the functions of the skin in great degree, and thus act in a

§ Idiop. Heilverf., p. 191.

directly injurious manner on the organism. It is also possible that the morbid secretion by the skin has become to a certain extent by habit a necessity of the organism, and cannot therefore be suppressed without a similar or analogous secretion taking place in another part of the system. Many medical writers have directed attention to this point, and among the rest Morgagni, who observes, that though the itch always arises from the acarus, yet the pustules form numerous little ulcers, which if all were added together would make an enormous ulcer, which no prudent physician would heal up suddenly if it had lasted any considerable time. Finally, it may be assumed, that by means of the irritation set up in the skin by the acarus, a place of manifestation and special development is given to a disease latent in the system, which had hitherto existed without giving rise to any very definite symptoms. When thus the dyscrasia is once roused from its slumbering condition, and has gone on to the state of local eruption or the development of a morbid process, we cannot in general expect that the disease will return to its former latent state on the suppression of these visible morbid states; on the contrary, it is more generally observed that it attacks some other organ as the focus of its local development.

"The parasitic doctrine, therefore, of the itch makes no change in the psora-theory; however, this latter must not be confined to the itch, but must be extended to other skin diseases, or even must be brought into harmony with the doctrine of *Crases*."

He then goes on to remark, that though in general Hahnemann's theories were ultra-dynamic, he has made a most important concession to the humoral pathologists in his psora-theory. But it is a pity he confined his view to the existence of three dyscrasias alone, and thereby incurred the charge of a contracted and partial view of the subject. And if the same caution in searching for indications for the proper remedy in dyscrasic diseases had been made after the publication of the psora-theory as before, the latter would not have done so much harm; for the moment through its means the attention of the practitioner was diverted from the totality of the

symptoms of the individual case to the latent psora, as a ground for the choice of the remedy, then the door was opened to all sorts of speculations on the ultimate nature of disease, and practice modified accordingly.

The opinion of Dr. Henderson, the eminent Professor of Pathology in Edinburgh, on the psora-theory of Hahnemann, is entitled to great weight. In his famous letter to Dr. Forbes^a he touches upon the subject, but he is there inclined to look upon it as a mistake of Hahnemann's, and he merely offers an apology for it by adducing examples of similar extravagant theories respecting the nature of chronic diseases from the writings of such celebrated individuals as Stahl, Portal, Astruc, Lalouette, Schönlein, and others.

In his most recent work on homœopathy,ⁱ Professor Henderson endeavours to turn the tables on our opponents by showing that the doctrine of the itch-origin of chronic diseases is essentially an allopathic doctrine, and was taught long before Hahnemann was born, by some of the most illustrious lights of old medicine. He tries also to show that Hahnemann's doctrine did not attribute the origin of chronic diseases to itch, but that his term psora included a large number of different cutaneous diseases, and that the whole doctrine is nearly identical with that modern revival of humoralism which is professed as their pathological creed by some of our most eminent modern authorities.

There is a paper in the sixth volume of the *British Journal of Homœopathy*, to which I would again call your attention, on the subject of psora. The author believes the itch to be caused by the acarus alone, and is opposed to the idea of that insect being the bearer of any itch-virus, for if it were so, and if the disease depended upon a virus, then we should expect to find that nearly the same length of time was required for its development in all individuals, which is far from being the case, as the period of "incubation" is from two to twelve or fourteen days. He might have added, as a further proof of the insect-origin of the itch, that the period of incubation

^a Brit. Journ. of Hom., iv.

ⁱ Homœopathy Fairly Represented.

is about double in winter what it is in summer. The experiments of Hebra are also, he thinks, conclusive on this point. As regards the driving-in of itch, it would be as impossible to do this as to drive lice from the outside to the inside of the head, or to drive in a flea-bite.

If, however, the irritation caused originally by the acari has become general and the whole surface of the skin become sympathetically affected, then it is likely that the sudden stoppage of the morbid cutaneous action may light up disease in organs with which the skin is connected by sympathy. This sympathetic union of the skin with other organs renders every important change in it apt to affect such organs. If for a length of time the skin has been the seat of certain morbid actions, which in some degree destroy its capacity for serving its pathological uses, to counteract the mischief that would arise from the non-performance of these actions, other organs must do its work vicariously. If now the integrity of the skin be suddenly restored, then the balance of functions will be as much deranged by the return of the proper cutaneous actions as it could have been originally by their sudden suppression. Hence the occurrence of diseases from the sudden suppression of itch is not only possible but probable.

In September, 1851, Dr. L. Simon, jun., read a paper before the French Homœopathic Congress on the subject of itch.^j He believes that at the time Hahnemann thought of the psora-theory, Europe was infected with itch to an unprecedented extent, in consequence of the great military operations all over the Continent. He asserts that Hahnemann generalized too much in attributing all chronic diseases to only three miasms. He believes their number to be much greater; besides these three there is probably the gonorrhœa-miasm, the lepra-miasm, the tinea-favosa-miasm, and many others.

In a very well-written and well-thought-out essay, entitled *Etude sur les Dartres*,^k Dr. Leboucher gives us his notions of the psora-theory; but, whilst professing the strongest admiration for Hahnemann, he says no-

^j Journ. de la Soc. Gall. ii. 44.

^k Ibid., iii. 6.

thing about the origin of chronic diseases from itch, and merely points out the great connection that often obtains betwixt herpetic and other eruptions and chronic diseases. Another point in which he decidedly, but apparently unconsciously, differs from Hahnemann, is in attributing to his herpetic (Hahnemann's psoric) vice a great tendency to be transmitted hereditarily, and he cites several interesting examples in support of his views.

As the psora-theory, besides exercising an undoubted influence on Hahnemann's practice and that of many of his followers, not only with respect to the dose but even the selection of the remedy, has been confessedly a weak point of the Hahnemannic doctrines, which has been quickly perceived and eagerly attacked by our adversaries, it behoves us to make a most patient and critical inquiry into its truth or falsity, and if defensible to provide ourselves with the best arguments in its support; if indefensible, to disconnect it as speedily as may be from an unholy alliance with the irrefragable truths of the homœopathic doctrine.

The days have long since passed when the feeling of *pietas* or veneration for the discoverer of the great therapeutic law should have any influence in inducing us to accept all or any of his doctrines without examination; nor indeed would Hahnemann in his best days have expected implicit credence to his doctrines without careful investigation on the part of his disciples. His system he first denominated the "Medicine of Experience," as if emphatically to show that it rested solely on experiment and observation, and in many of his most vigorous and telling writings he appeals to experiment and observation, as the sole foundation for his novel doctrines.

If we look for a moment at the number of postulates Hahnemann's psora-theory involves, we shall perceive the full importance of the doctrine, and we shall find that in many of them it runs counter to received notions.

Thus we shall find that it requires us to believe—

1. That seven-eighths of all chronic diseases are the consequence of an infection with a skin disease, that has been driven off or removed by external treatment.

2. That this skin disease is identical with what we call itch, though it presents itself under many different forms.

3. That every infectious chronic skin disease is scabies, or a degeneration of it.

4. That none of these seven-eighths of all chronic diseases are curable, save by the use of a certain set of medicaments, that were mostly unknown or unused before Hahnemann's time, consequently that no such chronic diseases were ever cured before the promulgation of his doctrine in 1828.

5. That itch, properly so called, and all the varieties of skin diseases Hahnemann includes under that term are only safely curable by internal remedies, and that their treatment by external remedies is fraught with the greatest danger to the patient.

There are many other strange and novel views involved in this remarkable theory, that must have struck you in the course of my observations upon it, which it were useless to recapitulate.

Let us now proceed to an examination of the doctrine itself, and at the same time let us bear in mind that it is not a doctrine coeval with the promulgation of the homœopathic therapeutic principle, but an after-thought, not developed until thirty-two years later, and it differs not more in the date of its conception than it does in its essential character from the law of *similia similibus*, so that we may fairly examine it as a thing apart from homœopathy; and as we might give credence to it, like Autenrieth, Schönlein and others, without being homœopaths, so we might reject it without losing any of our claims to that title.

It would be easy to show from Hahnemann's writings before he thought of the psora-theory, numerous cases of the cure of diseases that undoubtedly came under his later definition of psoric diseases, by what are termed apsorics medicines, and some without medicines at all. I need only refer you to his first essay, *On a New Principle*, for several such cases. The case of colicodynia he published in 1797, and which was permanently cured by a non-antipsoric, *veratrum*, was undoubtedly what would have been termed by him later a psoric disease. In the

same year he published, in his essay entitled *Are the obstacles to certainty and simplicity in practical medicine insurmountable?* a case of well-marked so-called psoric disease, consisting mainly of what Professor Holloway would term "bad legs of forty years' standing;" in other words, ulcers on the legs that had lasted for that period, in an old *bon-vivant* of a colonel, who was accustomed to take a monthly purge, and to wash down his full meals with considerable potations of spirits. In this case he made no alteration whatever in the diet, and did not even forbid the monthly purge. The sole treatment consisted in wrapping up the legs in a flannel roller, immersing them daily for a few minutes in cold water, and afterwards dressing them with a weak solution of corrosive sublimate. This old gentleman, whom the later lights shed on pathology by the psora-theory would have inevitably condemned to die of apoplexy or some other horrid disease, under such irrational treatment, wonderful to relate, got well, and still more wonderful, remained so for many years, during which Hahnemann, says he, had an opportunity of observing him.

Another case of chronic disease, paralysis of an arm "of five years' hanging," is stated by Hahnemann to have been cured by immersion in ice-cold water only.

It is a remarkable fact that Hahnemann, in his first essay, *On a New Principle*, published in 1796, proposes to apply his system, then innocent of any psora-theory and of all antipsorics, to the cure of chronic diseases, consequently, according to later lights, psoric diseases, only. From these and many other familiar instances it is obvious that diseases corresponding to Hahnemann's psoric diseases were cured by Hahnemann before the psora-theory was thought of, and without the use of antipsorics.

Now, as regards the origin of chronic diseases from itch, I think it must be obvious to all who have carefully studied the evidence Hahnemann adduces in support of this his doctrine, that he fails most signally in proving his point. In the first place, his diagnosis of the disease is of the loosest. He treats with contempt the division of skin diseases into different species, so carefully drawn by the dermatologists; and in the ninety-seven instances he

takes from allopathic writers of the production of a serious disease after externally treated psora, he includes all manner of skin diseases, many of which have not the slightest claim to be considered of a scabious character. Every cutaneous disease that itches, and when scratched burns, more especially if it can be suspected of being contagious, is identical with itch, according to Hahnemann. I need scarcely point out to you how erroneous this assertion is, and after what I have previously stated, I need scarcely reiterate my belief that itch is essentially a parasitical disease, depending on the *acarus scabiei*, and the irritation direct and sympathetic it causes in the skin.¹

Would I then deny the possibility of the production of secondary diseases of important internal organs from the sudden suppression of itch by ointments and the like external applications? By no means. On the contrary, I have, I believe, witnessed such accidents. In the tenth volume of the *British Journal of Homœopathy* I have detailed a case of acute bronchitis, which I believe to have been brought on by the sudden removal of the itch-eruption. Nor does it tax our credulity too much to suppose that such secondary diseases may occur. An itch of long standing is attended by a great efflorescence, and vesicular and often pustular eruptions over the whole body, how produced it does not in the least signify. By this eruption—1, the normal functions of the skin are in part or wholly interrupted, and other internal organs have to perform its functions vicariously; 2, an extensive morbid secerning action is going forward. When, then,

¹ In addition to the evidence already alluded to in favour of this opinion, I may refer you to the observations of M. Albin Gras (Journ. des Conn. Méd., Dec. 1836; Brit. and For. Med. Rev., vol. iv. p. 513). He states that he has never found the *acarus* elsewhere than in cases of itch. He inoculated himself, a fellow-student, and a young woman, by placing acari on the skin, and he states that his own experiments and those of M.M. Mouronval and Lugol proved the futility of inoculation from the itch-vesicles. He is, however, of opinion that the *acarus* exerts its action on the skin by means of a virus, defining that word as "an unknown agent producing great effects by trifling visible action." On the other hand, Dr. Pentzlin of Wismar regards the *acarus* as a mere parasite, owing its existence to a *generatio æquivoca*, and he ascribes the contagious property of the insect not to the animal itself, but to adhering virus. The facts and experiments in the contrary sense, by Drs. Hebra, Gras, Lugol, etc., above cited, are worth any number of theories unsupported by facts, such as this of Dr. Pentzlin's (Gräfe's and Walther's Jour., xxiv. 1836; Brit. and For. Med. Rev., vol. iv. p. 514).

the skin is suddenly restored to its integrity, these two circumstances may each or both conjointly be the cause of derangement of the health of internal organs, and there is a third circumstance that may also contribute to the same event, and that is, the pathogenetic action of the drug contained in the unguent or lotion employed. Thus, then, there are three modes in which the health may be deranged by the ordinary treatment of itch, to which we may add a fourth, viz., the irritation excited in organs connected sympathetically with the skin, by what John Fletcher calls the positive irritation of the return of a diseased part to the healthy state. The observations I have here made with regard to the itch are obviously applicable with equal if not still greater force to all other chronic skin diseases, and we know that the rapid healing up of ulcers and extensive burns is likewise attended with peculiar irritations in internal organs. A case presented itself to my observation which seems to show that not only natural but artificial skin diseases, even although quite recent, will not bear to be suddenly checked. A party of schoolboys were walking away to bathe in a river at some distance from school, and, schoolboy like, some of them began taking off their clothes as they approached the river. One of them, who had stripped himself entirely naked, was pushed by a companion, and fell into a ditch filled with nettles. He was of course stung over from head to foot. Smarting under the pain thus occasioned, he plunged into the cold river, which gave him instant relief, and after staying in a considerable time he was gratified to observe when he came out that all the nettle-stings were gone. However, he soon perceived that his eyesight was much weakened, though it had previously been quite sharp, and this weakness continued to increase, until he has become hopelessly amaurotic. It is a question if the nettle-stinging and its suppression had not something to do with the amaurosis.

I am, then, prepared to go a certain length with Hahnemann in his psora-theory, in the widest sense of that term, *i. e.*, not confined to the mere disease *itch*; and I will readily admit that the sudden suppression of many cutaneous diseases will produce derangement of

greater or less gravity of internal organs. But this admission does not go nearly the length of Hahnemann's psora-theory, which would derive all non-venereal chronic diseases from psora. I think one other great error in Hahnemann's doctrine of chronic diseases is his non-recognition of hereditary maladies. It is a noteworthy fact that many of the homœopathic writers in this country, and some abroad, are so little acquainted with those doctrines of Hahnemann on which they write, as to state over and over again that Hahnemann's psora-theory was a recognition of the hereditary nature of many diseases, and they would make it appear that Hahnemann speaks of the psoric taint being transmitted from parent to child, whereas nothing can be farther from Hahnemann's statements. Not only does he never in any place speak of hereditary diseases, but he distinctly alleges that every person affected with a non-venereal chronic disease must, at one period of his life, have had the itch at one time or another, however slightly;^m and he argues in a most vicious circle on this point. Certain medicines, he says, cure those chronic diseases that we meet with in persons who have avowedly had the itch, these medicines we term antipsorics; if we succeed in curing chronic diseases with these medicines, in persons whom we cannot ascertain to have ever had the itch, we may, nevertheless, infer that they have at one time had the itch, because we can cure them with antipsorics. What wonder, after such a style of argument on the part of the master, that the disciple Attomyr should say, "We don't need to ask if the patient has ever had itch; psora is self-evident."

Few therefore, I think, will dispute the statement that Hahnemann did wrong to overlook hereditary diseases; for it not only stands to reason, but is borne out by innumerable facts, that the faulty organization of the parent will often be transmitted to the child. This is so notorious, that it was perceived in all ages of the world. As in the moral world the sins of the fathers were visited upon their children in the third or fourth generation,

^m Stapf alleges that an individual may contract a chronic psoric internal malady, by touching a person affected with itch, without ever exhibiting the slightest external trace of an eruption! (Arch., x. 1, 85, note.)

so the diseases and defects of the parents were observed to be transmitted to their descendants of as many removes. Thus Aristotle^a says:—"From parents who have some part of their bodies defective, children are born deprived of the same parts; for instance, lame children from lame parents; blind children from blind parents. In general, children are born with the abnormal defects or marks to be found on the bodies of their parents, such as warts and maculæ." Again, Fernel says:—"Parentibus liberi succedunt, non minus morborum quam possessionum hæredes." In still more recent times—in fact, in our own day—M. Piorry wrote a work *On the Hereditary Principle in Diseases*. In this work he thus defines the hereditary principle. "It is," says he, "a disposition, in virtue of which certain physiological or pathological states of the parents are transmitted to the children by the act of generation" (page 6). And again: "To constitute the hereditariness (if I may be allowed to coin a word), it is requisite that the parents communicate to the children an organic state with which they are themselves affected" (page 11). M. Michel Linz^b gives the following definition:—"By hereditariness we understand not the disease itself which the parents have presented, but the disposition to contract it: it is a tendency of the organism to realize, according to the opportunity of age, with the concurrence of exciting causes, the morbid affection, whose principle or virtuality has been communicated to it in the very act of fecundation." I shall not enter further here on the question of hereditary taints, and the transmission of diseases and tendencies to disease from parent to offspring; the fact has been, as I before observed, noticed and admitted in all ages and by the best observers.

Congenital faulty constitutions therefore must be regarded as one great source of chronic diseases; but an individual may possess this vice of constitution and still remain healthy, until something occurs to stir up the latent disease. Now, as Griesselich has shown, itch and

^a History of Animals, lib. vii., chap. 6.

^b Traité d'Hygiène pub. et privée, vol. i. p. 143.

its improper treatment may be and undoubtedly is a powerful agent for rousing to full activity the latent disease; but this property it does not by any means exclusively possess, for many morbid influences are equally capable of doing the same. Great errors or insufficiency of diet, dissipation, violent mental emotions, exposure, hard work, most of the acute exanthemata, such as measles, scarlatina, small-pox, the shingles, and other acute diseases, as the mumps, the whooping-cough, fevers of many kinds, are fertile causes, by the derangement of the health they produce, of rendering the latent constitutional vice obvious and stirring it up into a fully developed disease, and even by the structural changes they may produce in the organism of giving rise primarily to chronic diseases, where no congenital vice and no latent seeds of disease are present.

To infer the miasmatic origin of chronic diseases on account of their incurability by the natural powers was evidently not a logical conclusion; for, as Griesselich justly remarks, most of the miasmatic diseases we are acquainted with are readily overcome by nature, witness the spontaneous cures of measles, scarlatina, etc. etc.

It is remarkable how extremes meet in Hahnemann's mental organization. In his homœopathic law we have the principle of extreme, we might say excessive, individualization, whilst the psora-theory is an illustration of the opposite extreme of generalization. Hahnemann had before this, in his coffee-theory of chronic diseases, which he afterwards retracted in favour of psora, exhibited the same tendency to generalize, and the incubation period of his coffee-theory, curiously enough, corresponds almost precisely with that of his psora-theory. Thus he tells us that the latter occupied his thoughts for about twelve years before he gave it to the world, and we have evidence from his writings that the coffee-theory engaged his attention for a nearly equal period. Thus we find in his *Friend of Health*, published in 1792, various hints as to coffee being at the root of many chronic diseases, and his famous essay on the manifold hurtful effects of this common beverage was published in 1803; and we

have seen that the germ of his psora-theory, which was finally promulgated in 1828, is discoverable in an essay he wrote in 1816. It would have been a great boon to pathological science had Hahnemann, in place of confounding all skin diseases together under the one head of psora or itch, carefully individualized all skin diseases, and endeavoured to discover the particular internal diseases with which it is probable each is in a certain measure connected. I was glad to observe, at the French Homœopathic Congress of 1851, that a beginning in this direction was made by Dr. Nuñez of Madrid, in a paper he read at the Congress. He therein endeavoured to show the connection of herpetic and other eruptions with internal diseases, according to the portion of the body they occupied. The following is a summary of Dr. Nuñez's observations with reference to the connection between the seat of the cutaneous affection and the internal organ affected. Of course they will require confirmation by other observers before they can be received as undoubted facts.

1. When herpetic eruptions, especially eczema on the anus and scrotum, are driven off, there follow, sooner or later, serious, even organic, liver diseases. On the other hand, liver complaints are often materially benefited by the appearance of herpes on the anus.

2. The suppression of herpes on the lower extremities, especially the legs, is often followed by liver complaints, but more frequently by affections of the stomach and other parts of the digestive organs (the bowels).

3. Prurigo on the scrotum and penis has a relation to impotence and seminal emissions. The former he found always to depend on such herpetic eruptions, when debauchery was not the cause of it.

4. The disappearance of eczema behind the ears in children is frequently followed by troublesome cough.

5. Phthisis pulmonalis is a frequent consequence of suppressed eruptions on the head, especially tinea.

6. The suppression of humid herpetic eruptions on the arms and hands disposes to phthisis laryngea, and, on the other hand, affections of the larynx are often relieved by the appearance of eruptions on the arms.

7. The suppression of dry eruptions (lichen) on the palm of the hand often causes nervous asthma.

8. Eye affections of children and scrofulous subjects are often connected with eruptions behind the ears.

9. Scabs in the nose and nostrils and erysipelatous swellings of the nose have a connection with discharges from the ears.

10. Acne rosacea and certain heart affections have a mutual dependency.

Carrying out his views into the *Materia Medica*, Dr. Nuñez finds that the remedies useful in certain liver complaints, *e. g.*, nux vom., kali, lach., arsen., lycop., graph., calc., sep., sulph., etc., have among their symptoms, itching herpetic eruptions on the arms and on the legs; that the medicines useful for impotence, lycop., ign., ambr., natr. mur., calc., phos., sep., carbo veg., produce herpes and itching on the scrotum and penis; and the medicines useful in acne rosacea, bell., ars., rhus, calc., phos., nitr. ac., sulph., etc., display marked heart symptoms.^p

This is a subject well worthy the attention of practitioners, and careful observation may yet be productive of useful practical results, for it cannot be doubted that many chronic maladies are connected with cutaneous affections of different sorts, just as many acute febrile diseases have their peculiar exanthemata.

In pronouncing a verdict of condemnation on Hahnemann's psora-theory as it stands, I would once more briefly recapitulate those points which I believe to have led Hahnemann to adopt it.

1. His non-discrimination of the different varieties of skin diseases, referring all or most of them to the itch.

2. The bad effects resulting from extensive skin diseases and their faulty treatment on the general organism, more especially where there is a constitutional weakness, either congenital or acquired from exposure to some of the many inimical and morbid influences.

3. The connection of many chronic diseases with exanthemata.

4. Hahnemann's vicious system of reasoning that be-

cause a disease was curable by his so-called antipsorics, it therefore originated from itch.

5. His non-recognition of hereditary diseases, or congenital constitutional faults.

At the same time I am free to confess that the psora-doctrine has not been without a beneficial influence on homœopathic practice, for it has led us to inquire more carefully into the antecedents of diseases, and not to rest content with a mere comparison of the symptoms actually present with the recorded effects of medicines; and, finally, to it we are indebted for a large array of very useful medicines of a wide sphere of action; but at the same time it has opened a door to much slovenly treatment and sulphur-giving, to eradicate the presumed psoric virus, in many cases where sulphur was not in the very slightest degree indicated.

Now, as regards the treatment of itch, that presumed source of so many human ills, I believe there are few homœopathists, capable of accurately diagnosing the disease, who pretend to be able to cure it, *acarus* and all, with one or two globules of the 30th dilution of sulphur. Dr. Puffer, formerly alluded to, and Dr. Gueyrard, both defenders of Hahnemann's psora-theory, admit that they cannot cure itch without external remedies; and it is recorded against us that Dr. Steinestel, who undertook to cure itch homœopathically better than Dr. Klein allopathically, signally failed in his attempt, for notwithstanding that he at length had recourse to the external use of sulphur and baths, Dr. Klein cured his cases much quicker with soap alone.⁴

I have attempted many times to cure the itch according to Hahnemann's directions, but have never succeeded in the very slightest degree. The disease depending on the existence in the skin of a parasitic animal, the main indication to be attended to is the destruction of this troublesome vermin. As the habitat of this insect is limited to certain definite parts of the skin, our applications for its destruction should be limited to those parts. Experience has shown that many substances are

⁴ Brit. and For. Med. Rev., vol. iv. p. 514.

capable of effecting its slaughter. Sulphur, in the form of tincture or ointment, mercurial ointment, preparations of lead and copper, oil of turpentine, and finally, simple fatty substances and soft soap, are all capable of producing the desired result. The treatment I and others have found quite successful is to ascertain, from the presence of the canaliculi, where the *acarus* is, and in recent cases it will generally be found to be confined to the hands and wrists; these parts are to be washed once or twice a day with a mixture of flowers of sulphur and spirits of wine. In a few days the animals are all destroyed, and the general eruption will go off in a few more days, quicker probably if assisted by the internal administration of a few doses of sulphur, either in tincture or a lowish dilution. If we object to the external employment of sulphur, we may succeed equally well by the dirtier plan of larding the parts infested with the *acarus* with simple ointment, cold cream, soft soap, or cod-liver oil, giving sulphur internally at the same time. Baths, cleanliness, and frequent changes of linen are important adjuncts to the treatment.

This mode of curing itch I believe to be quite safe, and as the general eruption is not suddenly checked, the equilibrium of the functions is gradually restored without that sudden shock to the system which often attended the former allopathic treatment, of rubbing the whole body over with sulphur-ointment.

With respect to the other two chronic miasms or sources of chronic diseases, *syphilis* and *sycosis*, I shall only say a few words.

The first, *syphilis*, is recognised by all as a fertile source of chronic diseases, the symptoms and causes of which are sufficiently known to you all to render it superfluous for me to enter into any detailed account of them.

As regards the third of Hahnemann's chronic miasms, *sycosis* or the *condylomatous venereal disease*, the notion of its independent nature has been considerably contested, not alone by allopaths, but also by some of our own school. The disease always arises in consequence of impure coitus, and appears in the form of dry or warty-looking or soft and spongy excrescences, in the

form of a cock's-comb or cauliflower, easily bleeding and secreting a fœtid fluid, and sometimes accompanied by a sort of blennorrhœa from the urethra. Their seat is the glans or foreskin in the male, the vulva and its appendages in the female. Their removal by the ligature or cautery, actual or potential, is, according to Hahnemann, followed by similar growths on other parts of the body or other ailments, the only one he mentions being shortening of the flexor tendons, particularly of the fingers.

It is, Hahnemann alleges, the rarest of the three chronic miasms, and, as I before observed, it is very doubtful if it be a peculiar disease, and not rather a form of syphilis. The secondary effects Hahnemann describes as arising from it must certainly be rare, for I can state from my own experience that I know several persons who have had such venereal condylomata burnt off many years ago, and who have never had the slightest trace of those after-effects Hahnemann alludes to; though at the same time I am bound to admit that I think I have observed a connection of certain pseudo-rheumatic affections and inveterate gleans with the fig-wart disease. I have frequently heard homœopathic practitioners attributing to sycotic infection the occurrence of ordinary warts and encysted and other tumours, but Hahnemann distinctly says that these are of psoric and not sycotic origin. Hahnemann's antisycotic medicines are *thuja* and *nitric acid*; but here we have another proof of the disadvantage of arranging homœopathic remedies into distinct categories, for both *thuja* and *nitric acid* cure many diseases besides sycotic ones, and we would grievously err were we to infer the sycotic nature of a disease from its curability by either of these two medicines, as Hahnemann did with regard to psoric diseases and antipsorics.

LECTURE XI.

ON THE SELECTION OF THE REMEDY.

THE subject of the present lecture is beset with numerous difficulties, and it is not without many misgivings as to my powers to do it justice that I approach it. The formula for the selection of the appropriate remedy *similia similibus curentur*, or *let likes be treated by likes*, is as vague and indefinite as could be wished for any such laconically expressed general rule, nor does it convey any idea whatever to our mind, unless accompanied by its more extended explanation as we find it in the *Organon*. *To effect a mild, certain, and permanent cure, choose, in every case of disease, a medicine which can itself produce an affection similar to that sought to be cured.* Now this, though a little more definite and giving us, as it were, a glimpse, a hint as to what we should do, is very far from instructing us adequately as to how we are to select our remedy for a given case of disease. We have before seen how we are to ascertain the affections medicines are capable of producing, viz., by testing them on the healthy individual. Do we then find that the affections produced by medicines on healthy individuals resemble those diseases occurring naturally? for if so, if in the pathogenesis of a medicine we can find, so to say, the reflection of a natural disease, then our object is attained, nothing remains for us to do but to give this medicine in this disease, and a cure is certain to result, if our law be founded in nature and truth.

But alas! the pathogenesis of a medicine does not present us with that perfect reflection of the natural disease, that were so much to be desiderated in order to carry out this law perfectly in practice; at least the reflection is not very apparent at first sight, and the

image of the disease is so inextricably mixed up with different features of heterogeneous diseases, that it often puzzles us not a little to find the counterpart of our disease amid the labyrinth of symptoms each pathogenesis presents. Thus, while the selection of the remedy is theoretically simple and practicable, practically it is a most difficult and arduous job, and in many cases it demands a most careful and assiduous study in order to arrive at anything like a certainty that the medicine we select is the suitable one—the best.

Had the condition of cure depended upon the discovery of an affection, as the action of a medicine, *identical* with that to be cured, there would have been much less difficulty in making our selection, provided always these identically acting drugs could have been procured, for *identity* is something absolute and admits of no degrees of comparison. But such is not the case; the law of cure is a law of *similars* only, and *similar* is but a relative term and admits of degrees of comparison, as *more similar* and *most similar*. Of course I need hardly remark that it is a necessary consequence of the difference in the nature of medicinal and morbid agents that renders it indispensable that the term of analogy betwixt medicinal and natural disease should be *similar* and not *identical*.

In considering therefore the question of the selection of the remedy, seeing that the epithet *similar* is not a definite expression, it will be requisite to ascertain, if possible, its limits, to answer the question—*What is similar?* for unless that be done, it were vain to think of curing according to the therapeutic law of *similars*.

Our allopathic opponents often throw in our teeth that we are unable to give a precise definition of what we mean by *similar*; and when we attempt to explain the term, allowing it to possess a certain latitude, as the very nature of the word implies, they become angry, accuse us of prevarication, and would have us tied up to their own definition of the word, which, when examined, we find to be not *similar* but *identical*. But of this hereafter. Let us hear what Hahnemann's instructions are respecting the selection of the remedy. After

remarking,^r almost in the very words of the empirical school of Philinus and Serapion, that the totality of the morbid symptoms alone constitutes the true portrait of the disease, he goes on to observe,^s “that the sum of all the symptoms in each individual case of disease must be the *sole indication*, the *sole* guide to direct us in the choice of a curative agent.” However, as some slight offset to this statement, we observe that he allows other circumstances to have their weight in guiding our choice of the remedy, notwithstanding his very absolute assertion as to the actual symptoms being the *sole* indication for the remedy. Thus he writes:—“Useful to the physician in assisting him to cure are the particulars of the most probable *exciting cause* of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which generally depends on a chronic miasm. In these investigations the apparent physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupations, mode of living and habits, his social and domestic relations, his age, sexual power, etc., are to be taken into consideration.”

Why, we might naturally ask, if the sum-total of the symptoms actually present is to constitute our *sole* guide, are we to attend to all these other circumstances? In this paragraph we have an acknowledgment of the importance of all those circumstances that are insisted upon by the most notable practitioners of the old school, and which are rigorously excluded by the assertion that the totality of the symptoms present constitutes the *sole* indication. Here we have Hahnemann acknowledging the importance of the exciting cause, and of the proximate cause almost, though in the page immediately preceding he ridicules all attention to these subjects. This is another proof, in addition to those I have already brought under your notice, of Hahnemann's unwillingness to cancel any idea formerly expressed, and thus we have here, as in many other parts of the *Organon*, side

^r *Organon*, § vi., vii.

^s *Ibid.*, § xviii.

^t *Ibid.*, § v.

by side, the different, nay, opposite notions of different periods of his life. The contradiction would have been avoided had Hahnemann qualified his absolute language regarding the totality of the symptoms being the *sole* indication. Had he said the *chief* indication, we could have had nothing to say against it; but *sole* indication was his original expression, and *sole* it must remain, even though he admits other indications.

With the exception that Hahnemann transgressed his own rule in professing to have discovered the essential nature of certain diseases, viz., the chronic diseases, of which mention has been made in the last two lectures, and that he founded thereon a peculiar mode of treatment by antipsorics, antisymphilitics, and antisycotics—with this exception I say, we must admit that Hahnemann rendered an important service to practical medicine when he pointed out the inutility for therapeutic purposes of all investigations regarding the proximate cause of diseases, and when he asserted the vanity of all transcendental speculations, and declared as false and untrustworthy every indication based upon the undiscoverable essential nature of the disease. He regarded the morbid phenomena cognizable by the senses as completed facts, the cause of which it was not incumbent on the practitioner to know or to search for.

Hahnemann, with that clear and critical spirit for which he was pre-eminently remarkable, could not fail to perceive that it was this metaphysical or speculative method of viewing diseases, of regarding them as something separate and distinct from the living whole, of conjecturing their peculiar nature, that had in all ages led physicians astray, and given rise to all those contradictory methods of treatment that have prevailed in medicine since it was cultivated as a science, and his object in limiting practitioners to take cognizance only of what was manifest and unmistakable in diseases, viz., their ostensible symptoms, was to remove the indication for treatment out of the region of hypothesis and place it once more within the domain of fact and of nature. His effort was to bring back medicine from the metaphysical to the purely physical.

This would of course place him at once in direct antagonism with the whole body of the so-called philosophical medical men, whose delight was to infer from the phenomena present the proximate cause and the essential nature of the disease; and the partisans of the various theoretical sects could not brook to be told that their ingenious theories as to whether the disease depended on spasm, inflammation, congestion, infarctus, and the like, or whether it was primarily a disease of the liver, the stomach, the brain, or the kidneys, did not help them a bit in their treatment of the commonest maladies. Accordingly we find even the sharpest intellects among them disputing with the greatest zeal these plain and common-sense views of Hahnemann's, and even a Hufeland,^u gravely alleging that Hahnemann's system would only remove the symptoms but leave the disease, and that homeopathy, if it ever came to be generally adopted, would prove "the grave of science," a sentiment which has been re-echoed of late years by the Hufeland of England, Sir John Forbes.^v

But if Hahnemann ran counter to the philosophical sect of physicians, he offended also in equal if not greater degree the pathological school, who, by their investigations and *post-mortem* examinations, thought they had discovered in the structural changes they observed on the dissecting-table, assisted by microscopical observations and the aids of improved chemical analysis, the real nature of many diseases. That their painful and minute investigations should be held utterly valueless, as far as treatment was concerned, was more than they could patiently bear to hear, and accordingly the congenial schools of pathological anatomy and organic chemistry, represented by Andral, Rokitsansky, and Liebig, at once set their faces against a system that disparaged their discoveries, and trusted solely to the mere alterations in the patient's feelings, which were scarcely deemed by them worthy of a thought.

And yet, in order to convince ourselves that all the

^u Die Homöopathie.

^v Brit. and For. Med. Rev., vol. xxi, art. Hahnemann and Henderson, or Homeopathy, Allopathy, and Young Physic.

speculations of the philosophical sects and the investigations of the iatro-chemical and pathological anatomical schools have not advanced the art of therapeutics by a hair's breadth, we need only glance at the miserable success that has attended all the methods of treatment founded on the learned theories of the medical school.

Hahnemann's system professes to aid therapeutics by a process the very reverse of all those founded on theoretical fancies, pathological or chemical. It leaves no margin for anything like theory. The effects of a number of medicines on the healthy human body having been duly registered, and the symptoms of the disease we have to treat being carefully noted, the practical rule was, as Hahnemann expresses it in the 147th paragraph of the *Organon*,—"Whichever of these medicines we find to contain, in the symptoms observed from its use, the greatest similarity to the collective symptoms of the natural disease, this medicine will and must be its most suitable, its most certain homœopathic remedy."

The sum therefore of the practitioner's duties, in regard to the selection of the remedy, according to Hahnemann, resolves itself into a purely empirical act, an almost mechanical comparison of the drug-symptoms with the disease-symptoms, and the medicine found to present the greatest similarity in respect of its symptoms with those of the disease is the most appropriate, the most homœopathic remedy. But it is not all symptoms that, according to Hahnemann, are of equal importance in guiding our selection, for he tells us, in § 153, that it is the more *striking, singular, uncommon, peculiar, or characteristic* symptoms of the disease that are to be kept chiefly or almost solely in view; it is for analogues to these that we must search through the lists of medicinal symptoms. "The more general and undefined symptoms," says Hahnemann, "such as loss of appetite, headache, debility, restless sleep, discomfort, and so forth, demand but little attention, as symptoms of such a general nature are observed in almost every disease and from almost every drug."

Now this appears a sufficiently plain and common-sense rule, but unfortunately Hahnemann seems to take for

granted that we can tell intuitively what are these characteristic symptoms of diseases and of medicines, and many homœopathists seem also to take it for granted that they can. This pretension on their part has given rise to some most extravagant and ridiculous propositions on the part of some of Hahnemann's followers, who have set themselves up as competent guides. A favourite achievement of these learned gentlemen on both sides of the Atlantic is to cull from Jahr's *Manual* all the symptoms that diligent compiler has distinguished by *italics*, and in this way make books, the size of whose pages makes them serviceable for shaving-paper, but for no other purpose that I wot of.

When I say that Hahnemann has not told us how to distinguish the characteristic symptoms of diseases, I do not mean to say that he has entirely omitted to mention this subject in his minute directions to us as to how we are to take down and study our cases, which will be found in the *Organon*, §§ 84 to 99 inclusive, but what he does say there upon the subject does not go a great way to illumine our previous darkness. In § 95, for instance, he says, talking of the mode we should pursue in investigating chronic diseases, "the most minute peculiarities must be attended to, because in these diseases they are the most characteristic, and least resemble those of acute diseases, and if a cure is to be effected they cannot be too accurately noted." Again, as regards epidemic diseases, he tell us what we are to consider their characteristic symptoms. One case of epidemic disease, he says, will not enable us to learn them; it is only from the careful observation of several that we can do this. "In writing down the symptoms of several cases," he says, "the sketch of the morbid picture becomes ever more and more complete, not more extended and spun out, but more significant, more characteristic, and more comprehensive, as regards the peculiarities of this collective disease. On the one hand, the general symptoms (*e. g.* loss of appetite, sleeplessness, etc.) become particularly

and exactly defined, and on the other, the more marked and special symptoms, which are peculiar to but few diseases and of rarer occurrence, at least in the same combination, become prominent and constitute what is characteristic of this malady."

Now, as far as we can gather from this rather obscure passage, it would appear that, contrary to what we would anticipate, all the characteristic symptoms of the epidemic disease are not met with in one case, but that it requires the observation of several to enable us to fill up the characteristic portrait. In other words, the minute shades of symptoms observed in several cases go to constitute the characteristic features of the disease. We should rather have thought that the characteristic symptoms of an epidemic disease should be met with in every individual case of the disease. Again, you will remember that, in his *Organon* (§ 235, etc.), Hahnemann enters at great length into the treatment of intermittent fevers, and he tells us that the chief characteristic indications for the remedy are to be learned from "the symptoms of the patient's health during the intervals when he is free from fever."^x

In many places of his writings Hahnemann denounces trusting to the *usus in morbis*, in other words, the experience of the good effects of a medicine in one disease as a guide for the employment of the same drug in what we may suppose to be a similar case—a curious paradox indeed, that the system he introduced to the medical world as the "Medicine of Experience" should dispense altogether with experience! for to that it amounts. We observe, however, that in the prefaces to the provings of many of his medicines, especially his later ones, he gives long lists of the morbid states for which the medicine has proved useful; but fearful apparently that this proceeding might be taken to indicate a connivance at that pernicious custom of the old school of being guided to the employment of a medicine by the *usus in morbis*, he adds a note to the first list of this kind in the *Chronic Diseases*, which

^x I take this opportunity to correct a typographical error in my published translation of the *Organon*, p. 281, line x., where "free from fever" has been printed by mistake "free from pain."

is too characteristic to be passed over. He there regrets that these enumerations of the symptoms that have disappeared under the use of the medicine have been misunderstood, and stated to be conditions that might determine us in the selection of medicines in our treatment—indications—which they are not in the very least; “such illusions,” he adds, “we leave now as heretofore to our allopathic step-brethren.” And precisely the same idea occurs in the first part of the *Chronic Diseases*, at page 150.⁷

It is difficult to see what other use these lists could possibly be put to than to aid us in the selection of the remedy. They constitute Hahnemann’s experience of its curative action, and are of the same kind of value as the histories of cases successfully treated, and the fact that Hahnemann gives us such lists is a proof to my mind that he latterly altered his notions respecting the utility of records of cases, though he could not bring himself so far to eat his own words as to give regular details of cases treated by him; but in these lists he gives us the next best substitute for such histories, in the morbid states he succeeded in curing with the various medicines; while at the same time, to preserve his own character for consistency, which I very much fear was impossible, as I think I have in former lectures shown he had lost it long ago, he gives a fling at the vile allopathic custom of seeking for an indication *ab usu in morbis*.

But Hahnemann has himself furnished us with other guides to the selection of some remedies which could never have been obtained from a mere mechanical or arithmetical comparison of symptoms, and the value of

⁷ Curiously enough it happens that the name Hahnemann adopted for his system, *homœopathy*, is derived from the motto of the empirical school, *ὁμοίων παθὸς, ὁμοίων φαρμάκων*, which means that similar diseases should be treated similarly, in other words, experience of past diseases should be our guide in the treatment of present ones. This motto has frequently been used as the formula of the homœopathic system, improperly as I cannot help thinking. It appears to me far from improbable that, in the early part of his career, Hahnemann had the idea of reviving the empirical system of treating diseases, if I may judge from his writings previous to 1805, and this seems also to be the impression of the author of an essay, published at Berlin in 1834, entitled *Franc. Frid. Bricken, diss. Philinus et Hahnemannus, seu veteris sectæ empiricæ cum hodiernæ sectæ homœopathicæ comparatio*. It is singular therefore to find Hahnemann in his later days denouncing experience as a guide for treatment.

these hints or indications is so great that we only regret the number of the remedies is so few for the employment of which he has furnished us with such admirable guides. Thus of *nux vomica* he says, the experience of a long practice has taught him that this medicine is particularly adapted for persons who are of a very anxious, zealous, fiery, or violent character, or where the disposition is malicious, wicked, or disposed to anger. It is suitable for the morbid symptoms remaining after the catamenia, when that function comes on some days too soon and the discharge is somewhat too copious. It is also useful for those affections caused by drinking too much coffee or wine, and especially such as arise from a prolonged sedentary life in close apartments; likewise for those that arise from too prolonged mental exertion. As regards *pulsatilla*, he gives some indications for its use that could only have been obtained from clinical experience, as we would scarcely have discovered them from ever so careful a study of its pathogenesis. Thus, he says, it is especially adapted to women whose catamenia are retarded by a few days, and for the effects of eating pork, when it disagrees, neither of which symptoms do we meet with in its pathogenesis. Again, he says, it is peculiarly adapted to persons of a bashful disposition, disposed to tearfulness, and subjects of secret sorrow and vexation, or, at all events, to persons of a mild and yielding disposition, if in their days of health they were good-humoured and gentle (or frivolous and good-natured). It is also adapted to those of a slow phlegmatic temperament, but not at all to persons of rapid resolve and lively movements, but who are at the same time not good-tempered.

I believe it will be generally conceded that Hahnemann's recommendation of *arnica* as specific for the effects of falls, blows, knocks, bruises, sprains, or lacerations of the solid parts was owing more to its ancient repute as a vulnerary among the common people than to the pathogenetic effects he observed from its administration.

It was, as he himself tells us, *experience* that convinced him of the efficacy of *rhus* in the effects of sprains, inordinate muscular exertion, and bruises.

In like manner, the utility of *opium* in removing the

torpor of the sensific nerves, which in many cases renders it impossible for the patient to perceive and to detail accurately his morbid symptoms, is a gain of experience.

In the *Chronic Diseases* (vol. i. p. 163) he gives a list of a number of indications for remedies which we should scarcely have discovered in a search through their pathogeneses. "Overloading of the stomach," he observes, "is best removed by hunger (*i. e.* some weak broth in place of the usual dinner) and a small quantity of *coffee*; derangement of the stomach, by means of fatty substances, especially pork, by *pulsatilla* and hunger; derangement of the stomach, which causes eructations with taste of the food, by highly potentized *antimon. crudum*; a chill of the stomach from eating fruit, by smelling at *arsenic*; derangement of the stomach with spirituous liquors, by *nux vomica*; derangement of the stomach, with gastric fever, chills, and rigor, by *bryonia*; a fright, when it can be given immediately, and especially if it have produced fear, by *opium*; but where we are only called in after the lapse of a considerable time, or where vexation is also combined with the fright, by *aconite*; but if grief is the effect of the fright, by *ignatia*; annoyance that has produced anger, violence, heat, and vexation, by *chamomilla*, but if besides the vexation there is chilliness and coldness of the body, by *bryonia*; annoyance, with indignation, profound inward vexation, and throwing things away that he may have in his hand, by *staphisagria*; indignation, with silent inward vexation, by *colocynth*; unfortunate love, with silent melancholy, by *ignatia*; unfortunate love, with jealousy, by *hyoscyamus*; a severe chill, besides confinement to the house, the room, or the bed, by *nux vomica*; if diarrhoea have resulted from it, by *dulcamara*; or if pains are its effect, by raw *coffee*; if, however, fever and heat are the consequence, by *aconite*; a chill, followed by attacks of suffocation, by *ipecacuanha*; a chill, followed by pains, with lachrymose disposition, by crude *coffee*; a chill, followed by coryza, with loss of smell and taste, by *pulsatilla*; a sprain or dislocation, in some cases by *arnica*, but most certainly by *rhys*; contusions and wounds by blunt instruments, by *arnica*; burns of the skin, by compresses of water mixed with highly poten-

tized *arsenic*, or the continual application for hours of alcohol, heated by immersion in very hot water; weakness from loss of humours or blood, by *china*; homesickness, with redness of the cheeks, by *capsicum*."

Many other passages might be brought forward from Hahnemann's writings where he gives indications for the use of remedies that could not have been suggested to him by their pathogenetic effects solely, but those I have already adduced will suffice for the present.

Whilst, then, Hahnemann professedly pointed to the comparison of the symptoms of disease and drug as the sole indication for the choice of the remedy, he, in fact, gave homœopathy a much wider basis. In the first place he tacitly admitted that we must exercise some discrimination and reasoning power, when he stated that it was the characteristic symptoms of disease and drug that should guide us, for we must exercise our judgment and selection in determining what symptoms are characteristic, and this, again, cannot be done without a thorough acquaintance with pathology. Again, when he introduced into his system his theory of chronic diseases, and insisted on its value to therapeutics, he therein encouraged a search for the (proximate) cause of the malady, a search that in its issue should influence us in the selection of some medicines in preference to others, the preference not depending on the similarity to symptoms present, but on the supposed or ascertained antecedents of the disease. This was a concession in favour of ætiology, as determining the choice of the remedy, which his disciples are justified in improving upon.

I have given examples from Hahnemann's writings where the choice was to be determined by the occasional cause of the disease, and others where the temperament, disposition, etc., of the patient were to help us in our selection, and not a few instances in which clinical experience was the only or the chief source of the indications of medicines.

Thus, then, I think I have made it clear that the homœopathy of Hahnemann was not that blind counting of the symptoms of medicine and drug which some isolated passages of his writings would make us suppose it to

be, and which some of his disciples assert it is; but from what I have said it will be evident that ætiology, semiology, and nosology all play a part in determining the practitioner as to the remedy he should select; and the charge brought against homœopathy by its adversaries, that it is merely what is called an empirical system of symptom-treating, falls to the ground, even as regards the homœopathy of Hahnemann.

Of those of Hahnemann's disciples who have most successfully endeavoured to interpret the therapeutic maxims of the Master in accordance with the present state of real science, none has brought an acuter genius or a better-stored mind to bear upon this subject than the late Dr. Bau of Giessen. A scholar, an author of considerable repute, it was not till a very ripe maturity of years that he became a convert to homœopathy, and that not without considerable resistance on his own part, as, before he perceived the truths in Hahnemann's doctrines, his penetrating glance had taken cognizance of many of the faults Hahnemann had committed against science, and he had publicly exposed the weaknesses of the homœopathic doctrine. Such a man, committed by his published works against the new system, who had everything to lose and nothing to gain by its adoption, it is no small triumph to homœopathy to have gained over; but such a man was not one to sit down quietly and swallow uninquiringly whatever Hahnemann chose to enunciate in the oracular style of discoverers. Of equal scientific standing with Hahnemann, and with no great disparity of years between them, he could presume without impertinence to discuss and criticise Hahnemann's doctrines during Hahnemann's lifetime with the same freedom that we can, now that the great Master is no more. The traits I have given you of Hahnemann's character and disposition will prepare you for the information that Hahnemann disliked him as a free-spoken critic of his writings, even more than he valued him as a great conquest from the ranks of the enemy. However, I should say that it is not with reference to the work to which I am about to refer that Hahnemann took offence at him, on the contrary, he was rather pleased with this one, and occasionally quotes ap-

provingly from it in the *Organon*, a compliment he pays Dr. Rau alone of all of his followers.

Dr. Rau^{*} says that Hahnemann's maxim, "in order to cure the patient we must remove the symptoms," was the gage of defiance thrown down to the enemy, by many of whom it was taken up, in order to defend the glory of rational medicine. He ridicules the idea of the removal of all the symptoms not being equivalent to the removal of the entire disease, and quietly observes that he would consent to be ill all his life, provided the disease did not manifest itself by any symptoms. He says, that in that method of treatment denominated rational, *par excellence*, there is great room for being deceived. Its chief basis is diagnosis, which, however, according to the confession of some of its most able advocates, rests on very weak foundations, as some very important material alterations in the interior remain frequently undiscovered during life. Dr. Rau then relates several remarkable instances of the sort. Among the rest he refers to the infinite variety of opinions respecting the proximate cause of the single disease cholera. The empirical practitioner is he who, without seeking to know the proximate cause of the disease, merely endeavours to remove the most prominent and troublesome symptoms. But the elucidation of the proximate cause being in many cases impossible, the rational practitioner is often forced to act quite like the empirical practitioner, and prescribe for the prominent symptoms. Again, it is well known that as the opinions of the so-called rational practitioners vary greatly respecting the proximate cause of any particular disease, for instance, the cholera, so does also their mode of treatment of this disease vary in an equal degree. In the totality of every disease we recognise—

1. The proximate cause.
2. The sum of the symptoms cognizable by the senses.

Both these united constitute an inseparable whole, and they cannot be conceived as existing the one without the other.

Hence, with the removal of the proximate cause, the

^{*} Werth. der Hom. Heilverf., p. 40.

external phenomena or symptoms must likewise be destroyed, and, in like manner, the proximate cause must be destroyed as soon as the totality of the external symptoms are made to disappear. Therefore the maxim *cessante causa cessat effectus* may be read in inverted fashion, *effectu remoto evanuit causa*. How, says Dr. Rau, can a method of treatment founded upon these irrefragable logical deductions be less rational than that method that is founded upon deductions relative to the obscure and hidden proximate cause? Is it not unpardonable presumption to call this uncertain groping in the dark the only rational medicine? The whole difference between the two methods consists in this, that one party pretends to treat only the proximate cause of the disease, while the other seeks only to remove the totality of the symptoms. Both are *causal* treatment; the former particularly founded on *fancy*, the latter on *fact*.

Slovenly empirical practitioners seek only to remove certain symptoms that appear to them to be grave, which is a procedure fraught with danger. The system of Hahnemann, however, pays attention to all the symptoms presented by the patient, even the most minute, for in it the choice of the remedy is determined by the sum-total of all the symptoms. Dr. Rau then enters on a defence of this minuteness, and justly remarks that it is impossible to suppose any symptoms, however minute, that do not depend upon an alteration in the organism. He then examines the question as to whether the consideration of all the symptoms in all cases of disease can give a sufficient indication for the most successful treatment. He sets his face, however, against a mere mechanical comparison of the sum-total of the symptoms of the disease with the medicinal symptoms, without attempting to determine the relative importance of either; for, he says, it is often impossible to find a medicine that corresponds completely with all the symptoms present, in which case it is requisite to regard chiefly the more important and essential symptoms, and to distinguish them accurately from the less important, secondary, and sympathetic ones. The most experienced practitioner, he remarks, will acknowledge the difficulty of this problem

in many cases, especially as the symptoms of the sympathetic affection are often more prominent than those of the idiopathic disease; hence it is necessary to pay attention not only to the actual symptoms, but also to predisposing circumstances, epidemic constitutions, the course of other diseases prevailing at the same period, and so forth; in a word, to make use of all aids that can put us in a position to look with the inward eye of reason into the interior of the organism, in order that we may obtain a right idea of the dynamic character of every disease we have to treat. In order to do this we require more accurate knowledge of the remedial agents than we can obtain from Hahnemann's *Materia Medica*, viz., a knowledge of the particular spheres of the organism in which the medicines exert their effects in a certain specific manner. Thus, he observes, he has, in some cases of dysentery, seen no benefit from the administration of medicines exactly corresponding to the collective symptoms of the disease, and it was only after discovering their obscure inflammatory character that he at length succeeded in curing them. This he did by means of *aconite*, the great homœopathic antiphlogistic, though one of the important symptoms of the disease, the bloody stools, was not to be found in the pathogenesis of that drug. Hahnemann's psora-theory, he alleges, is an acknowledgment of the necessity of paying attention to the causal nexus. To show the importance of searching for the possible cause of the disease, independent of the symptoms of deranged sensation actually present, he mentions that he has known cases of severe headaches, which had lasted for years, yielding to none of the remedies chosen in strict accordance with the symptoms present, which only went off after the extraction of a carious tooth that had never occasioned the slightest uneasiness. In cases of doubt, he acknowledges it to be the safer method to trust to the collective symptoms present for the indication, rather than to rely upon conjectures as to the nature of the disease; but he is far from denying the possibility, in many instances, of discovering the proximate cause of the disease by our reasoning powers.

If the practitioner's attainments in physiological,

pathogenetic, and pathological knowledge are considerable, he will often be enabled, from a study of the symptoms actually present and a research into all the circumstances connected with the disease, to distinguish the idiopathic from the sympathetic symptoms, and to devote his attention particularly to the former. Thus he will pay less attention to the dull aching headache that so often accompanies gastric affections than to the gastric affection itself, and thereby he will be enabled to select the remedy much more speedily and accurately than if he sought for the parallel for each particular morbid phenomenon among the confused array of symptoms in the *Materia Medica*. He would, without a painful and anxious research, treat an indigestion arising from eating fat pork differently from one caused by sour fruit, and in cases where a poisonous substance had been swallowed he would certainly commence the treatment with an emetic. A bilious diarrhœa, brought on by vexation, he would treat at once with *chamomilla*, whilst a diarrhœa brought on by a chill he would cure with *dulcamara*. He would unhesitatingly select *staphisagria* for an affection of the mind brought on by annoyance, accompanied with indignation; and *aconite* for the bad effects of a fright, etc. But still the true homœopathist would never select a medicine whose pathogenetic effects did not correspond to the symptoms of the disease.

The same point is dwelt upon by Dr. Hartmann, in his *Therapia of Acute Diseases*. "It has been supposed," he writes, "that Hahnemann neglected to take cognizance of the exciting cause of the disease. The opponents of homœopathy have frequently charged us with this neglect; but unjustly so, for every homœopathic practitioner knows that, in many cases, the proper selection of the remedial agent depends exclusively upon a knowledge of that cause."

He then proceeds to enumerate the medicines mentioned by Hahnemann as specifics for certain accidental effects, to which list he adds the following:—*Rhus toxicodendron* for the injurious effects of a drenching; *cocculus* [query *capsicum*] for the effects of home-sickness; *china* for the physical and mental weakness produced by blood-

letting, hemorrhage, wakefulness, night sweats, onanism, venereal excesses, etc.; *nux vomica* for diseases occasioned by want of exercise and those produced by over-indulgence in alcoholic drinks; and he adds: "A homœopathic physician who is acquainted with the pure effects of chamomilla, mercury, sulphur, china, valeriana, iodine, etc., will never prescribe these remedies without inquiring, in the first place, whether the symptoms have not been occasioned by the excessive use of these substances, in which case he would administer suitable antidotes."

Dr. Moritz Müller, a sincere admirer of Hahnemann, and a willing testifier to the great value of his discoveries to practical medicine, was one who, like Rau, brought a great store of physiological and other scientific attainments to bear upon the therapeutical system he adopted. Unfortunately, like Rau, and for the same reason, viz., his independence of judgment and his refusal to take every word of Hahnemann's for gospel until he had carefully subjected it to the searching criticism of his well-stored and truly logical mind, he soon incurred the personal dislike of Hahnemann, who went so far as to denounce him publicly as being no true homœopath, and never rested until he had enforced his retirement from the medical superintendence of the Homœopathic Hospital in Leipzig, where he had exerted himself in the most devoted and unselfish manner without any remuneration. After his retirement, the direction of the hospital fell into the hands of others, who flattered Hahnemann by avowing the most implicit faith in his every maxim, but who were incapable of comprehending the system they professed to practise; the consequence of which was that the hospital, which had furnished brilliant results during the period of Dr. Müller's service, gradually fell off, and at length, chiefly owing to the incompetence or roguery of one of its physicians, the notorious Fickel, came to an untimely end. Notwithstanding the ungenerous treatment he had received from Hahnemann, at the instigation, doubtless, of some personal enemies who possessed the ear of our illustrious

but easily prejudiced Master, Dr. Müller never ceased to regard him with veneration and esteem; and on all occasions undertook the defence of his defensible doctrines against the assaults of his enemies. In a paper published in the second volume of the *Allg. Hom. Zeit.*, he endeavours to remove from homœopathy the reproach of being a rude empiricism, and represents the selection of the remedy as a work of the highest order of inductive reasoning, where all flashy attempts to ascertain the essential nature of the disease are relinquished, and the practitioner aims at forming a just conception and appreciation of all that is capable of being observed in the disease. He insists that the homœopathist must endeavour to oppose the *character* of the homœopathic remedy to the *character* of the disease, and not merely search for the whole array of the perceptible symptoms of the disease in the recorded effects of the medicines. He shows the groundless nature of the reproach that homœopathy is identical with the ordinary symptomatic treatment. Homœopathy, he says, has to do with the totality of the symptoms, whilst the ordinary symptomatic treatment concerns itself only with those symptoms that are most prominent.

Dr. Schrön^b undertakes the defence of physiology and pathology against the attacks of Hahnemann, and shows that the collective symptoms cannot be the sole indication for the selection of the remedy. In the first place, he proves that Hahnemann contradicts himself when he says that the totality of the symptoms must be the sole indication, for he admits other things as capable of determining our selection, such as the exciting cause, the individuality of the patient, prevailing diseases, psora, etc. Schrön admits the symptoms to be the most important indication, but the practitioner must avail himself of everything that can throw light upon the case of disease and can guide him on the right way to the selection of the remedy. Hence he insists on the importance of obtaining a better knowledge of the *characteristics* of the medicines, which he says is the kernel, whilst

^b Hauptsätze d. Hahn. Lehre, p. 5; Naturheilprocesse und Heilmethoden, 2, § 192; Hyg., ii. 35.

the bare unthinking symptomatology of diseases and medicines is but the shell.

In our investigation of diseases, as well as in our consideration of the pathogenetic action of drugs, we must, says Schrön, endeavour to ascertain which symptoms are essential and idiopathic, and which are non-essential and secondary or sympathetic. The right remedy must correspond to the disease in the idiopathic symptoms; and if several remedies exhibit such correspondence, the sympathetic symptoms will enable us to select the most appropriate from among them. The main difficulty, however, it will be seen, is to determine which are the idiopathic and which the sympathetic symptoms of diseases, whether natural or artificial.

Dr. Kurtz^c also lays great stress on the necessity for ascertaining the character of the drugs, and makes the selection of the remedy an affair of the reason and judgment, and not a mere enumeration of symptoms.

Dr. Wolf^d understands by the totality of the symptoms the collection of all the pathological points from the commencement of the disease until the moment when the physician is called in; he says that it is requisite to investigate the symptoms through their whole development and history.

Dr. Roth^e of Munich holds the controversy upon the totality of symptoms as the indication to be a mere hair-splitting logomachy; for, says he, without symptoms objective and subjective it were impossible to make a diagnosis.

Dr. George Schmid,^f convinced that the similarity of symptoms is the only thing to guide us in the selection of the remedy, endeavours to ascertain what we are to understand by this *similarity*. The determination of this, he says, is the most difficult part of practice, for the problem is to distinguish what is *apparent* from what is *real*, and it is requisite to pay attention to every circumstance capable of affording us an explanation of what is similarity betwixt disease and medicine. Great value is attached to the elucidation of

^c Hyg., iv. ^d Achten Thesen, 4ter Satz. ^e Hyg., vii. 497. ^f Ibid., ix. 1.

what is characteristic in the symptoms of disease and medicine.

In like manner Watzke^s observes: in treatment all depends on finding a remedy which, by numerous experiments on the healthy, has shown that it can constantly, certainly, and powerfully produce on the affected organ or system and its sympathies and antagonisms an action corresponding in characteristic similarity to the collective symptoms in the case before us, and the efficacy of which, as a curative agent of this sort, has been proved at the sick bed.

Dr. Mosthaff^h says that it is not a mere superficial similarity betwixt the symptoms of the disease and of the drug that we are to be guided by; he acknowledges the similarity as an important but by no means the sole point to be attended to in the selection of the remedy.

Dr. Peterson of Pensa, whose name I have already had occasion to mention more than once in the course of these lectures, as he has written largely, if not lucidly, on many points in connection with homœopathy, has given us his ideas on the subject of the choice of the remedy.ⁱ He calls attention to the great difference in the intensity of the symptoms observed from the proving of drugs and those that occur in natural diseases, and admits that the contents of the *Materia Medica* of Hahnemann offer a vast array of unimportant and paltry-looking symptoms; but he reminds us that we are not to search in the *Materia Medica* for exact correspondence, as far as the intensity of symptoms is concerned, to the phenomena of natural diseases. In our mind we must always represent to ourselves the symptoms in the *Materia Medica* as much greater than they really are, and the symptoms of the natural disease as much less intense than they occur. In this way we shall be able to find more exact correspondences than otherwise offer themselves. He proposes to supply the deficiencies of the *Materia Medica*, by adding those symptoms we observe to occur in the course of an acute disease when the medicine has not been perfectly homœopathically

^s Bekehrungsepist., 81.

^h Die Hom. in ihrer Bedeutung.

ⁱ Arch., xiv.

chosen. Such symptoms, not being the same as those the disease presented before the employment of the medicine, are to be attributed to the action of the drug, even although they are not to be found in its provings, and are not capable of being developed in the healthy subject. These symptoms he advises to be added unhesitatingly to the pathogenesis of the medicine, and he also, contrary to the advice of Hahnemann, advises to add also to the pathogenesis those symptoms that have disappeared under the use of the medicine. By these two very impure sources we might doubtless soon extend the pathogenesis of a medicine to the dimensions of a thick volume, but I doubt very much if the difficulties attending the selection of the drug would be at all diminished; on the contrary, with such a mass of doubtful symptoms they would necessarily be very much increased. I sincerely trust that no *ignes fatui*, delusively promising us greater facilities in the choice of the drug, like these of Dr. Peterson, will ever tempt us to deprive our Materia Medica of its title of *pure*, and lead us astray into the quagmires of uncertainty and impurity. Dr. Peterson does not allude to the necessity acknowledged by the other writers on this subject, of endeavouring to ascertain the characteristic points in the symptoms of drug and disease.

Hirschel¹ says the indications for the selection of a remedy are derived—1, from the complex of the symptoms of the disease, particular attention being paid to the primary, idiopathic, pathognomonic, and diagnostic signs (diagnosis and semiology); 2, from the affected systems or organs (anatomico-physiological foundation); 3, from the morbid process, its character, history, and stage (physiological foundation); 4, from the internal ætiological circumstances on which the disease depends (proximate cause), as far as this can be ascertained (ætiology); 5, from the external exciting causes, even when these are very remote (*e. g.*, in chronic diseases, dyscrasic maladies) (ætiology); 6, from the peculiarities of the individual diseased in reference to constitution, moral

¹ Die Homöopathie, p. 145.

condition, temperament, mode of life, etc.; 7, from the peculiarities of the atmospheric and telluric influences in respect to weather, temperature, time of the year and day, prevailing endemic and epidemic diseases; 8, from the particular modifications produced in the morbid symptoms by external and internal influences, such as motion, position, open air, mental exertion, certain functional acts, as eating, drinking, etc. Hirschel remarks that homœopathy has this advantage in simplicity over the old system, that there are no contraindications for the employment of medicines to be considered in it. It only knows indications. Every medicine that does not possess the quality of similarity as regards the disease is simply *not* indicated, and should not be administered. There can be no contraindications for the employment of a medicine which presents the necessary similarity in respect of its pathogenetic effects to the symptoms of the disease.

Dr. Hering of Philadelphia, the most prolific of homœopathic authors, one who has written, we may fairly say, *de omnibus rebus et quibusdam aliis*, for he has in his voluminous writings treated as well of things that are not as of things that are, among the oceans of whose exuberant rhapsodies we often perceive an under-current of plain common sense, a vein of the pure gold of truth in the otherwise unprofitable quartz-mountain of hypothesis, which will often amply repay the labour of digging it out—Dr. Hering, I say, has touched upon the subject of the choice of the remedy, without, however, throwing much light upon it. He tells us* that it is the concordance in the characteristic symptoms that must guide us in the selection of the remedy. Pathology, he says, must teach us the peculiarities or characteristics of diseases and cases of disease; iamatology must teach us those of the medicines. We should be complimenting Dr. Hering at the expense of truth were we to say that we had gained a great accession of wisdom from this advice. Hering has, however, written an excellent essay on the study of the *Materia Medica*, the most important of studies in enabling us to select

* Arch., xv. 1.

the proper remedy, which I can heartily recommend to your careful consideration. It is translated in the second volume of the *British Journal of Homœopathy*.

That eminent repertory-manufacturer, Herr von Bönninghausen¹ of Münster gives us his views on this subject. He observes, that most likely all homœopathists, on first commencing the study of the system, felt as he did, that the pathogenesis of almost every medicine contained the elements of almost every disease under the sun. It is only by a comparison of the different pathogeneses among each other, and particularly by comparing them with actual cases of disease, that we see how erroneous was our first idea. He says that by a comparison of the remedies one with another we soon begin to perceive their differences or their peculiarities, and from their peculiarities we gain the only just idea of their therapeutic employment. The very prover of a remedy may not at first observe or be able to distinguish what are the peculiar and characteristic symptoms of the medicine he has carefully proved. Thus Dr. Franz, he says, in the preface to his proving of *asafetida* makes no mention of what are the peculiar and characteristic symptoms of this medicine, which Bönninghausen declares to be—pains shooting from within outwards, generally of a burning character, obtuse, and intermitting. This character of the pains is, says he, a better indication for the use of this drug than the particular seat of such pains. Thus *asafetida* does not show such pains in the nose, ears, lips, chin, teeth, etc.; but Bönninghausen would not feel the slightest hesitation in giving this medicine for that sort of pain occurring in any part not noticed in the proving, the *character* of the pain being in his opinion of more importance than its *seat*. Another important point to be attended to in the choice of the remedy is, that the conditions under which the disease-symptoms occur should correspond with those under which the medicinal symptoms are observed. The conditions he here alludes to are the period of the day, the position of the body, and other circumstances. These

¹ N. Archiv, i. 1, 84 et seq.

conditions he attaches great weight to, and makes them often constitute the characteristics of the medicine. These views of Bönninghausen's we observe to give a colouring to all the works, such as repertories, manuals, and other aids to practice which have issued from his prolific pen, and we notice that his example has influenced not only his copier Jahr, but also Rückert and Cl. Müller in their *Repertoriums*. In all these works the character of the pain or symptom is put forward more prominently than its exact seat, and in many of them the conditions under which the symptoms occur likewise occupy a more important place. This I believe to be a mistake, which, though pardonable in unprofessional individuals like Bönninghausen and Jahr, whose whole medical education was obtained from the writings of Hahnemann, ought not to have occurred in the works of well-educated medical men like Rückert and Müller. As regards the selection of the remedy on account of the accordance of the condition under which the medicinal and disease symptoms occur, Bönninghausen carries this to a most extravagant length, so far, indeed, that he occasionally loses sight altogether of the symptoms, and looks for a resemblance in the condition solely. To show you how he does this, I shall give you a specimen from one of his last works.

In his preface to his *Manual of Homœopathic Therapeutics* (I quote from Laurie's edition), after observing that the choice of the medicament frequently depends on the condition of the aggravation or amelioration, he gives us the following illustrative case:—"My friend Dr. Lutherbeck (to whom I always intrust my practice in my absence) gave to one of my patients for some sequelæ of a case of deeply-rooted tubercular phthisis of which I had cured him (amongst which a disagreeable smoothness, with a thick coating of mucus on the teeth, formed the predominant symptom, and *invariably* became aggravated for *two consecutive days* every time he shaved), *carb. anim.* 30, with the most successful results, although the only symptom on the skin of the face (152) noticed by Dr. Adams was not present." On turning to the symptom in question in Hahnemann's *Chronic Diseases*,

we find it to be as follows:—"The skin of the face smarts, especially on the cheeks, about the mouth, and the chin (after shaving)." Now, I believe this symptom to be altogether unimportant in itself, and probably attributable to anything but the medicine swallowed. Dr. Adams resided in Russia, and probably the day on which he observed this wonderful symptom was rather cold, which would cause his face to smart after shaving; or it might be he had used some coarser soap than usual; or possibly his razor was not quite in order or was not "a well-tempered blade;" for does not the poet (I mean Mr. Mechi's of Leadenhall-street) not only notice this fact but propose the remedy, in the following lines?—

"Most people complain that shaving's a bore,
Each day's painful scrape only enflames an old sore;
Choose the cutter who stands at the head of the trade—
Half the battle depends on a well-tempered blade—
In the front of these lines his name is displayed."

Dr. Adams, however, leaves us in blissful ignorance of all these matters, and our self-constituted doctor Bönninghausen accepts his symptom as a genuine medicinal action, the only important point of which to him is the parenthetical observation "*(after shaving)*." For, be it observed, the state of the teeth has nothing whatever to do with this operation as far as *carbo animalis* is concerned; indeed, *carbo anim.* nowhere offers a state of the teeth at all resembling that of Dr. Lutherbeck's patient, either after or before, or independent of shaving; and Dr. Lutherbeck's patient had no smarting of the face whatsoever. All the resemblance between the patient and the prover is that something was observed by each after shaving; but though there is an obvious connection of the prover's symptom with the operation of shaving, there is none as regards the patient's symptom, unless it be that the patient probably made faces in the glass as many do after shaving, and then first observed the mucus on his teeth. The circumstance of the symptom occurring *invariably for two successive days* is no doubt very remarkable, and has its due weight with us; but what most interests us is the new light thrown by Bönninghausen on homœopathy, whence it would

seem that in the selection of our remedy it is quite immaterial whether or no the symptom be among its pathogenesis, provided only *any* symptom is noted as occurring under a condition analogous to that under which *any* symptom of the disease occurs. Thus it would have answered Bönninghausen's purpose equally well, if the symptom recorded by Dr. Adams had been, in place of what it is, "inclination to wipe the face after shaving," a circumstance almost as likely to occur as the smarting of the face after that operation, the "after shaving" being, *teste* Bönninghausen, the sole thing of importance in the matter.

I would not have deemed it necessary to occupy your time with the exposure of such extravagant absurdities, were it not that of late we have seen Bönninghausen held up to our admiration as the greatest living authority on homœopathy, whereas he is nothing but a useful repertory-maker and enthusiastic *dilettante* practitioner, who, not having had any medical education and having taken to homœopathy late in life, is not at all qualified to give an opinion on points which require a thorough acquaintance with many of the auxiliary branches of medicine, and, above all, the mental discipline and qualifications for forming a correct judgment on medical subjects, only attainable by a thorough medical education.^m

Dr. Mure, in his book upon the *Homœopathic School of Rio*, talks indeed about characteristic symptoms as determining the choice of the remedy; but the specimens he gives of his practice exhibit nothing of the sort, nothing but a mechanical reckoning of the symptoms of the disease and of those of the drugs corresponding best with it, the drug that presents the greatest number of the symptoms of the disease, without any regard to their quality or character, being that he fixes on. No doubt, by this mechanical reckoning up of the symptoms of drug and disease, a lucky hit is often made, just as the

^m Herr von Bönninghausen has evidently no mean estimate of himself as an exponent of the homœopathic system, and often censures very severely some whom we are inclined to consider as the most learned and scientific of our body. This is by no means an uncommon habit with *dilettanti* homœopaths, even in our own country. These doctors *Dei gratia*, seem disposed to put in a claim for the exclusive title of *Fidei Defensores*, to judge by the rating they occasionally administer to us for our deviations from what they are pleased to set forth as the true homœopathic doctrines.

most irrational empirics often make lucky hits, and the most ignorant peasant sometimes succeeds in curing a disease that has baffled the skill of the most learned professors; but the perfection of medicine does not consist in making lucky hits, but in being able to select our remedy with the greatest possible amount of certainty; for this, some other method than the arithmetical process is required.

In the selection of the remedy, says Dr. Griesselich,^a we must keep in view—

1. The individuality of the patient in its whole extent, as regards predisposition, etc.

2. The symptoms, from their commencement until their present state, as regards duration, connection, intensity, etc.

3. The ascertainable cause that acted on the patient, as a consequence of which the predisposition to the disease burst forth in flames; the external noxious influences.

Consequently we must pay attention to the ætiology, semiology, and diagnosis of the disease. But, continues he, as our object is to oppose to the disease a medicine resembling it, and that in its characteristic symptoms, we require to attend to the same points as for the investigation of the disease, we require to diagnose the medicinal just as we do the natural disease. Hence it is requisite to estimate the value of the symptoms. It is only by the exercise of our reasoning faculties that we are able to raise phenomenology and symptomatology to a higher rank.

The certainty and rapidity, continues Griesselich, with which we are able to recognise a disease from its symptoms, and to employ for it the appropriately similar medicine, depends upon the actual state of our objective and subjective pathological and pharmaco-dynamical knowledge. This explains why there are so many cases of disease that we cannot do any good to, partly because the medical art is not omnipotent and never will be so, partly because every physician is not able to make him-

^a Handbuch, 164.

self master of all the resources the art affords, or to have them always in readiness to apply at the proper moment. It must therefore happen that a false selection of remedies is occasionally made, and the most skilful is not he who *never* makes a false selection, but he who does this *least frequently*. After showing that other circumstances formerly detailed guide us in the selection of the remedy, he observes that homœopathy is a *causal* and *rational* mode of treatment in the best sense of those terms, although among homœopaths there are certainly some mere coverers of symptoms.

Dr. Trinks° says truly that the most appropriate and specific remedy for every case of disease is that one whose positive peculiar effects on the healthy human organism present the greatest similarity to the peculiar and essential phenomena of the disease to be cured. By this similarity the medicine betrays its direct action on and relation to the disease to be cured, and the organs and systems of the organism where it has its seat. It may happen that several medicines offer this similarity to a case we have to treat, whereby there will be some difficulty in selecting the best remedy; but this may generally be done by ascertaining which of the remedies resembles the disease, not only in its most essential but also in its less essential symptoms. If, notwithstanding what may appear to be a proper selection of the medicine, the practitioner should not see the expected full and perfect cure, he must endeavour to ascertain—1st, if his choice of the medicine was appropriate; 2nd, if the disease has not undergone some essential change in its phenomena, character and course, by the action of the medicine given; or 3rd, if the medicine was given in the proper dose. In the first case, he will have to make another and more careful selection. In the second case, the remedy will not do to be repeated; it will be requisite to have recourse to another, which shall resemble the disease in its now modified and altered form. If, after the administration of the well-selected remedy, the disease undergoes a change in the quantity but not

° Handbuch, Introd., p. xxx.

in the quality of its essential symptoms, we may infer that the dose administered has not been sufficient, though the choice was correct. It will never be requisite to give two remedies at the same time in a disease. Even when two acute diseases occur in the same individual at one and the same time, it will not be necessary to give two remedies at once; we must direct our attention to the cure of the most dangerous disease first, and when that is past we can then set about curing the other. In like manner, where an acute disease occurs in the course of a chronic one, we must neglect the latter until we have subdued the former. In other respects, Dr. Trinks's advice does not differ from Hahnemann's, and he does not inform us how we are to distinguish the characteristic essential symptoms of drug and natural disease.

Having thus laid before you as briefly as I could the principal views that have been advanced by both Hahnemann and his disciples relative to the selection of the remedy, it remains for me, before concluding this lecture, to give you, by way of summary, my own reflections on the subject.

As the selection of the remedy must be founded on the similarity of the symptoms of the disease with the pathogenetic effects of the medicine, we must in the first instance determine what we are to understand by such similarity. The word *similar* has given rise among the opponents of homœopathy to a number of objections and reproaches, which it is impossible to contend are wholly destitute of foundation. What do you mean by similar? they exclaim, and, without waiting for an answer, each interprets it as seemeth good to himself. And to say the truth, it is impossible to give a precise definition of it. We feel the awkwardness of the expression, and are aware of the latitude of meaning it is susceptible of. Beyond actual identity, one thing may be said to be similar to another, from an *almost* exact correspondence to a very faint resemblance. Hahnemann says the homœopathic remedy is that which presents the greatest possible similarity in its pure effects to the symptoms of the disease. But the greatest possible may be very far removed from a great actual similarity. For instance, the disease is a

fungus hæmatodes, with all its concomitant phenomena ; what is our greatest possible similar to this among the pathogenetic effects of medicines ? Evidently the chief phenomenon of the disease, the fungus itself, is not represented at all in our *Materia Medica*. We may find some of the concomitant symptoms pretty well repeated in several of our medicines. The accompanying gastric and intestinal conditions, the state of the skin, the loss of rest at night, the condition of the spirits and mental faculties, may be all tolerably well represented in the effects of several medicines ; but what will this avail us ? These accessory symptoms are common to a vast number of diseased states. One practitioner tells us he has discovered the homœopathic analogue to the disease in phosphorus, and states that he was guided to its selection by one symptom in particular, viz., "small wounds bleed much," that from this hint he administered the medicine, and the successful result justified his selection. This is evidently a similarity of the loosest sort, the faintest of resemblances ; and yet, though this is an extreme case, it must often happen, from the very wide difference there exists betwixt the intensity of natural diseases and the very trivial effects produced by the cautious provings of medicines, that the resemblance that is to guide us must be equally faint. The main feature of very few of the severest diseases is represented in the pure effects of medicinal substances, and the practitioner has consequently to seek for resemblances among the accessory symptoms of the malady. Hahnemann says the disease and medicine must resemble each other in their *characteristic* symptoms ; but what he understands by characteristic symptoms is evidently something very different from what is so understood by nosologists. The *Materia Medica* is chiefly made up of what are called subjective symptoms, *i. e.*, sensations experienced by the prover ; but the characteristic symptoms of diseases, in the idea of nosologists, are almost always principally the objective or physical symptoms. Now, as these latter are but rarely met with in the *Materia Medica*, it is obvious that the homœopathist can only, in the vast majority of cases, compare subjective with subjective symptoms, and his

endeavour must be to ascertain the characteristics of these subjective symptoms. Where objective can be compared with objective, as can be done with respect to a few diseases and medicines, there is no difficulty; but in the comparison of subjective with subjective, the case is altered, and hence the necessity of the most minute and careful investigation. There are three points to be chiefly attended to in this investigation:—

1. The seat of the pain or sensation, and that not so much the topographical seat, as the structure, organ, or tissue of the body, where it occurs.

2. The exact character of the sensation, whether it is burning, shooting, tearing, pressive, tensive, etc.

3. The conditions of its occurrence, aggravation, amelioration, or cessation.

All these circumstances together make out the characteristic of the sensation, and the pure effects of the remedy must correspond in all these features to the symptoms of the disease to entitle it to be considered as a homœopathic, a similarly acting substance. In the prefaces to his medicines, Hahnemann has furnished us with some of the characteristics of the symptoms of several medicines. Thus of *bryonia*, he says, that the tearing pains it produces are aggravated by motion, and relieved by rest, whilst the reverse is the case as regards the tearing pains of *rhhus*; and these characteristics are of great use in guiding us to the selection of one or the other medicine in a case of actual disease. He has done the same by several other medicines, and some of his disciples have attempted, with more or less success, to point out some of the characteristics of other medicines. Unfortunately the number of medicines is not great where the characteristics can be indicated with equal precision.

Another help to the practitioner in his selection of the remedy has been furnished by the efforts of some of the best pathologists among the homœopathists to determine the particular organs, tissues, and systems of the organism chiefly acted on by various medicines: thus the affinity of aconite for the vascular system, of belladonna for the mucous membranes, of *bryonia* and *rhhus* for the

serous and tendinous structures, of mercury for the bones and skin, etc., etc., have been pointed out; and all these efforts tend to lessen the uncertainty of the practitioner, and to render his practice more successful, though, it must be confessed, they have a tendency to lead him into a slipshod method of treatment, if such indications be not looked upon merely as hints, and in no case to be relied upon to the exclusion of a careful study of the *Materia Medica*.

Those diseases are easiest to treat which have a goodly number of well-marked symptoms, and Hahnemann has well observed, that among the most difficult cases we meet with are those where there is a great poverty of symptoms, where there are only one or two symptoms. In the former case, there being many points of comparison, it will rarely happen that the choice lies betwixt more than two or three medicines; but in the latter, for example, neuralgic affections, chronic headaches, cardialgia, diarrhœa, skin diseases, etc., it often happens, that ten or twelve medicines seem equally indicated for such affections. Hahnemann advises us to give a medicine which we think is indicated, and if it be the right one it will cure the disease, but if not, it will stir up some other symptoms, which will then enable us to prescribe with more precision.

I have already alluded to the cases where, notwithstanding the administration of an apparently rightly chosen remedy, no result ensues; there is no reactive power, the system is as it were in a state of torpor. In such cases I have stated Hahnemann advises the administration of a dose of *opium*, whereby the reactive power of the organism will be roused from its semi-paralysed state. Dr. Wolf has found *moschus* of use in similar cases, and Griesselich has found advantage from the administration of *wine*. *Acidum nitricum*, *sulphur*, and *mercury* have been employed by others for similar purposes, with good results. Hahnemann has directed us to employ *mesmerism* in certain analogous cases, and Ægidi has found good effects from *electricity*.

Equally or even more troublesome are those cases where there is an excess of irritability, where every medi-

cine seems to produce too violent action. In such cases it is often advisable to abstain altogether, for a time, from medicine, and to trust to dietetic means, mesmerism, out-of-door exercise, and the regulated use of cold water externally. *Nux vomica*, *ignatia*, and *pulsatilla*, in small doses, are often of service in reducing the oversensibility to medicinal impressions.

Notwithstanding Hahnemann's denunciation of indications from clinical experience, I confess I consider this a very valuable aid to our selection of a remedy, and in common, I believe, with all Hahnemann's disciples, I look upon fully and carefully detailed cases as second in value only to the accurate records of pathogenetic provings. I wish I saw in the English language a careful digest of the numerous interesting and instructive cases that are to be found scattered throughout the homœopathic literature of Germany, France, and England.

Various works designed to assist us in the choice of the remedy have, as you are aware, been published. Among these I may allude to a few of the most important. Bönninghausen's *Repertory* is very good in its way (though now rather antiquated), and it has this defect, that it is difficult to find in it the precise seat of the symptoms, their character and the conditions of their occurrence being most prominently set forth. His *Manual* is a laborious work, but I confess I have not found it of much practical use; the indications are of much too general a nature to be serviceable to the practitioner; they can, at the most, only serve to guide him to a limited list of medicines from which to select the appropriate one. Jahr's *Repertory* is founded on Bönninghausen's, and is certainly in some respects an improvement on it, but very many of the symptoms are not reliable, more especially those professedly derived from clinical experience. Weber's and Rückert's arrangements of the *Materia Medica* are certainly good, but they sadly need an index to each of the sections into which the symptoms are divided. In their present form, they often give us a great deal of trouble to ascertain if the symptoms we seek be in the *Materia Medica* or not. They contain only the pure pathogenetic effects of the drugs.

Müller's *Repertory* is very useful in some respects, but it has the same fault as the others in not affording facilities to our search for the particular *seat* of a pain or symptom. Hempel's *Repertory* is better in some respects than any of those mentioned, but it is very imperfect, and follows Weber's vicious plan of not arranging the medicines in alphabetical order, whereby much time is sacrificed in our search for the required symptoms. I may direct attention to a little American work entitled *Bryant's Pocket Manual*, which, possessing no claims to originality, is a compilation that will often give the practitioner a useful hint as to which medicine in the *Materia Medica* he is most likely to find adapted for his case. But none of the works I have alluded to are perfect, or even as good as they might be. I hope, however, we shall not have long to wait before we have a really good *Repertory* of the *Materia Medica*, where, with a minimum expenditure of time and trouble, we shall be able to put our finger at once upon the medicines which shall be most homœopathic to the disease we are treating; for, as our *thesaurus medicaminum* increases, we become more and more conscious of the difficulty of finding the appropriate remedy amidst the chaos of pathogenetic effects that make up the *Materia Medica*.

LECTURE XII.

ON HAHNEMANN'S THEORY OF THE DYNAMIZATION OF MEDICINE.

IN former lectures I have already warned you that we should find that Hahnemann had aggregated round the homœopathic principle a number of theories and doctrines which had been disputed by many of his disciples, and which might all be proved to be utterly valueless, without detracting in the slightest degree from the truth and excellence of the homœopathic principle.

The subject of to-night's lecture belongs to those theories and doctrines which Hahnemann subsequently engrafted on his therapeutic law, but which are by no means necessary to that law, and accordingly we may, without incurring the charge of high treason to homœopathy, or without forfeiting our claims to be considered homœopaths, freely subject it to the searching light of criticism, and accept it if we find it accords with reason and truth, or reject it under opposite circumstances.

As I have done with others of Hahnemann's theories and peculiar views, I shall endeavour to trace historically the development of the theory of dynamization, as I find it from a close and careful study of Hahnemann's writings from the earliest period to the latest.

It is impossible so to separate the dynamization-theory from the doctrines respecting the doses as to be able to treat of the one without reference to the other; indeed, we shall find that the doses Hahnemann latterly advised owed their excessive exiguity to his theory of dynamization from the processes he employed, or this theory was devised to explain the effects of small doses.

In his first essay announcing the discovery of a new therapeutic principle, published in 1796, no allusion is

made to any doses different from those in ordinary use, nor is there any mention made of any peculiarity in the mode of preparing the medicines; consequently nothing is said about dynamization. In an essay published the following year we still observe no peculiarity on these points, and in his writings up to 1801 nothing is to be found to lead us to suppose that there was anything exceptional in his mode of employing drugs, save that he used them in accordance with the law he had enunciated in 1796, and advised that every medicine should only be given singly and alone.

It is in his little work on *Scarlet Fever*, published in 1801, that we have the first forebodings of an unusual mode of preparing the medicines, of the infinitesimal doses, and of the dynamization-theory. The dose of opium there recommended for the treatment of a certain form of the scarlet fever is very small compared with the ordinary dose, and the tincture of opium is to be prepared by intimate mixture of the opium with the alcohol, by well shaking the bottle in which the solution is performed. He lays particular stress on the *intimate mixture* as well of the opium with the alcohol as of the tincture thus prepared with the vehicle—water or *beer*—in which it was to be administered. The object of the dilution in this case seems, however, to be solely to diminish the size and power of the dose; and there is no question as yet of any increase of power by the intimate mixture by means of the succussion employed.

In the preparation of the prophylactic tincture of belladonna, mentioned in the same essay, he directs that the several dilutions used—they are three in number, and prepared in the proportion of one of the drug to 400, 300, and 200 of the vehicle (diluted alcohol)—should be prepared by diligent shaking for a minute at a time. The object of this dilution was to diminish the power of the medicine chiefly, for he remarks that in patients of very tranquil disposition the dose he orders, as a general rule, is not sufficient; it must be increased and stirred for a minute longer with the fluid vehicle. Immediately after this, however, follows what we may consider the germ of the future dynamization-theory. "It is scarcely

credible," he observes, "how much this and every other medicine loses in power, if we allow it to be licked up simply and unmixed with anything in a spoon, or give it only on sugar, or, though we drop it into a fluid, administer it without stirring it well up with the vehicle. It is only by stirring, by brisk, long-continued stirring, that a liquid medicine obtains the largest number of points of contact for the living fibre, thereby alone does it become right powerful." Thus the increase of power supposed to be gained by the medicine from its intimate mixture with the non-medicinal fluid is thought to be owing to the greater number of points of contact it then presents to the part to which it is applied.

This doctrine, by which the mere stirring or shaking with a non-medicinal vehicle was alleged to increase the power of the drug, naturally met with opposition from those physicians who believed that an increase of the material quantity of the drug was the sole way of increasing its activity. Accordingly we find Hufeland asking, with a sneer, "*What effect can the hundred-thousandth part of a grain of belladonna have?*" To this question Hahnemann promptly replies, in the journal of his querist, by a short article, which you will find in the *Lesser Writings*, entitled "*On the power of small doses of medicine in general, and of belladonna in particular.*" He refers to the difference observed in the effect of a hard dry pill of extract of belladonna and of a single grain of the same extract dissolved in a couple of pints of water, by being well rubbed up with it, and then strongly shaken for five minutes, and taken by the most robust labourer by teaspoonfuls within six or eight hours. He further adds, that a single drop of such a solution, mixed with six ounces of water, by being vigorously shaken, will possess enormous power; for if a few teaspoonfuls of it be given to a patient whose disease was one for which belladonna was suitable, they will bring him to the brink of the grave.

In explanation of the much greater effect of the solution thus prepared than the dry undissolved extract, he says that the latter presents few points of contact to the body, whereas the thorough solution comes in contact

with many more points of the living fibre; and, he adds, as the medicine does not act atomically but only dynamically, it excites much more severe symptoms than the compact pill, containing a million times more medicine, is capable of doing.

He then refers to the exalted excitability of the vital force in diseases, and illustrates this by several familiar examples, and he cites some instances of paralytic and nervous diseases, which he had cured with a hundred-thousandth, and even a millionth part of a grain of belladonna.

At this period, then, we have the embryo of the dynamization-theory, though still very different from what it afterwards grew to under Hahnemann's fostering care. He contends for an increase in the power of the drug from its thorough admixture with a non-medicinal vehicle, and he accounts for this increase of power by the greater number of points of contact it presents to the living fibre, in consequence of its minuter subdivisions. Another element also included in the doctrine, as it stands at this period, is the exalted susceptibility of the diseased organism for the appropriate medicine; this he puts forward by way of explanation of the power of the minute dose he finds to be sufficient. The allegation that the medicine acts "not atomically but only dynamically," is that which has most bearing on his future dynamization-theory.

In the *Medicine of Experience*, published in 1805, the forerunner of the *Organon*, there is a good deal of talk about the purely dynamic action of drugs, the incredibly small quantity of them that will suffice for the cure, and the absolute superiority in point of power of the weakest medicine over the severest disease; but all this is insisted on chiefly in relation to the exalted susceptibility present in disease, for it is stated that the same doses have no effect on the healthy or on those patients for whose disease the drug is not suitable; but there is in this essay no allusion to an increase of power by the processes of trituration and succussion, indeed no particular mention is made of any peculiarity in the homœopathic pharmaceutical processes.

Up to this period the diminution of the dose was advised nominally for the sake of preventing the too violent action of the remedy given according to the new therapeutic principle, the sensibility being so much exalted for such medicines in the diseased state; and this doctrine is again precisely and explicitly expressed in a short essay published in 1809.

In the first edition of the *Organon*, published in 1810, the dynamization-theory is not yet mooted; on the contrary, Hahnemann says that while an incredibly small dose suffices to overcome the disease, it must not be so small as to be inferior in strength to the disease, and hence it is impossible to fix on a standard of exiguity that shall be applicable to all medicines; "for," says he, "the medicines themselves vary so much in power." Further, as a proof that he considered the diminution of the doses as merely a diminution of the material of the drug, he adds, that in these very small doses there must still be some of the substance of the drug; no portion can be made so small as that it shall not contain *something* of the medicine, and this something partakes of all the properties of the whole drug. No change is here spoken of as taking place in the properties of the drug by the processes employed to procure its subdivision, such as we find he subsequently conceived to take place by his pharmaceutical manœuvres. The diminution of the dose has for its only object the prevention of aggravation and of the development of accessory sufferings. The expressions he employs are *diminution*, *subdivision*, and *attenuation*, and the thorough admixture, the strong succussion of the medicine and vehicle are intended to diffuse the medicine equally in the alcohol, water, or other vehicle.

In this first edition of the *Organon*, Hahnemann does not mention how far he was in the habit of diluting the medicines; he does not speak about millionths or billionths of a grain. It is probable, however, that he had already begun to employ the medicines in pretty high dilutions.

Here, however, we already see the tendency of his mind towards the dynamization-theory of his later days. Thus, after stating that a dose divided into several parts,

and taken at intervals, produces a much greater effect than if the whole dose were to be taken at once—for example, eight drops divided into eight portions, and taken at short intervals, will produce at least four times greater action than if the whole eight drops were taken at once—he proceeds to observe that we may readily produce a great excess of action, viz., if we *dilute* the eight drops and give them to the patient in dilution, so that he shall take a drop every hour or two. The cause of this excessive action he states to be that by the dilution the medicine obtains a greater power of extension. He particularly insists that there is a great difference whether we give the eight drops simply divided, or uniformly and thoroughly mixed with the vehicle. He alleges that one single drop of a tincture intimately mixed by vigorous shaking with a pint of water, and given in doses of two ounces at a time, every two hours, will produce four times as much effect as eight drops of the tincture taken at one dose. He says it is a maxim of experience that the power of the medicine is considerably increased by being intimately mixed with a larger volume of fluid, hence, he says, in order to make the dose of the homœopathic remedy as small as possible, it should be administered in the smallest possible volume, in order to come in contact with the fewest nerves; and hence it is inexpedient and unnecessary to drink water after taking a small dose. Formerly he had advised the medicine to be given in water, and we shall find, when we come to the consideration of the modes of exhibiting the medicine, that in his later years he again counselled the giving of the medicine in water.

In the next paragraph he endeavours to fix by arithmetical scale the effects of diluted medicines. He says a mixture of one drop of a tincture with ten drops of non-medicinal fluid, and one drop of this taken, will not produce ten times the effects of a drop ten times more diluted, but scarcely twice as great an effect, and so on. Supposing, says he, one drop of a mixture that contains one-tenth of a grain of medicine to produce an effect= a , one drop of a diluted mixture containing one-hundredth of a grain will produce an effect= a divided by

two, if it contain one-ten-thousandth of a grain= a divided by four, and so on. I may remark, *en passant*, that he retains this ridiculous calculation throughout all the editions of the *Organon*, though he entirely altered his views on the subject of dilutions, and affirmed the higher dilutions to be higher strengths. Another proof of his unwillingness to cancel the *littera scripta*, even though its retention rendered him open to the charge of completely contradicting himself.

It is obvious that to render an arithmetical calculation of this sort in the slightest degree plausible, one of the elements in it, viz., the susceptibility of the organism, should be a fixed quantity, whereas we all know it varies not only in every different individual and in every different disease, but in the same individual and the same disease at different periods. In this absurd calculation, Hahnemann would almost appear as an imitator of John Brown with his scale of excitability, though Hahnemann, on several occasions, ridicules Brown beyond measure for this very scale. Hahnemann's excellent critical powers and logical acumen unfortunately did not extend to his own doctrine.

To be sure, Hahnemann might have shielded himself under the vagueness and indefinite character of this wonderful calculation, for you will notice that he offers no explanation whatever of what he means by one effect being only half, a quarter, or an eighth of another effect of a medicinal dose; he does not say whether he alludes to the effect on the healthy or on the diseased, or whether the effect he implies was a quantitative or qualitative effect, or both. Besides retaining this extraordinary attempt at calculation in the fifth edition of the *Organon*, published in 1833, he there darkens counsel by stating that he has very often seen a drop of the decillionth dilution of tincture of *nux vomica* produce pretty nearly just half as much effect as a drop of the quintillionth dilution under the same circumstances and in the same individual. This is a very curious statement, read in conjunction with the allegation that the power of the medicine is vastly increased by the processes of homœopathic attenuation, as we shall presently see was Hahne-

mann's idea. Thus it is evident that this and all similar computations of the action of homœopathic medicines, without taking into consideration the different susceptibilities of the organisms in different individuals, in the same individual at different periods, and in the same individual even in apparently the same circumstances, is perfectly inadmissible, and, in fact, leads only to delusion and contradictions. Indeed, we all know that the argument of arithmetical computation is that most frequently employed by the allopathists against homœopathy, and the counter-argument of all homœopathists has ever been that such numerical computations have no bearing upon the subject, that the dynamism of the organism is not affectable by quantity in the same manner as physical bodies.

From what I have stated as the position of the question in the first edition of the *Organon*, it will be evident that Hahnemann's notions at that time were as follow:—

1. By diminishing the size of the dose he intended to avoid aggravation, and the accessory effects of the medicine.

2. By the process employed in diminishing the dose, viz., by the intimate mixture of the medicine with a non-medicinal vehicle by means of vigorous shaking, an increase of its activity is alleged to be produced.

3. In order to diminish its power, the medicine must be taken not dissolved in water and without drinking thereafter, from which it would seem that he believed its power would be increased by mere solution, without any shaking or intimate mixture.

From the above, the natural and logical deduction would be that, in order to produce mild medicinal action, the ostensible object of Hahnemann's diluting processes, we should, in place of diluting the medicine, rather give it undiluted and unshaken, and rather give one larger dose at once than the same dose in divided quantities.

I shall now proceed to trace out for you the further development of the dynamization-theory.

In the year 1825 Hahnemann volunteers, in a literary journal, a reply to the question that had been publicly addressed to him in a previous number of the same journal —“ *How can small doses of such very attenuated medicines*

as homœopathy employs have any action on the sick?" With some few alterations, this paper is reprinted in the second edition of the sixth volume of the *Materia Medica*, published in 1827. He begins by stating that the question is a foolish one, "as what actually takes place must at least be possible;" not a very bright reply one might imagine, when the taking place of the thing at all was what his questioners denied. In reply to the allegation that a homœopathic dilution is as though one were to put a drop of medicine into the Lake of Geneva, he says that the comparison does not hold good, for that the processes of succussion and trituration employed in making the homœopathic dilution are left out of consideration. By these processes, he says, there ensues not only the most intimate mixture, but at the same time such a great and hitherto unknown, undreamt-of change, by the development and liberation of the dynamic powers of the medicine, as to excite our astonishment. In the addition of a drop to a large body of water, however, there is no question of even a superficial mixture of the medicine with the water. It would even be impossible to effect a thorough mixture of a drop of medicine with only a hogshead of water, though our transatlantic and sometimes transcendental friend Dr. Hering, one of whose transcendentalisms consists in taking up every point of Hahnemann's doctrines where Hahnemann himself judiciously left off, and pursuing it beyond the extreme limits of probability, and for some short distance into the domain of absurdity—Dr. Hering, I say, gravely asserts that the addition of one miserable globule will make a whole trough of water medicinal.^p

But, says Hahnemann, it is not the mere thorough admixture that is effected by the homœopathic processes—and here he lays down the rule that the centesimal scale, or 1 to 100, should be the proportion observed betwixt medicine and vehicle—but, by the succussion and trituration employed, a change is effected in the mixture, so incredibly great and so inconceivably

curative, that this development of the spiritual power of medicines to such a height, by means of the multiplied and continued trituration and succussion of a small portion of medicinal substance with ever more and more dry or fluid non-medicinal substance, deserves incontestably to be ranked among the greatest discoveries of the age. As analogies to this alleged increase of dynamic power by the homœopathic processes, he refers to the powerful effects of friction in producing heat, an analogy that would hold good at the time this essay was written, but which would scarcely be adduced in these days of wonderful ideas respecting the correlation of the physical forces. He likewise refers to the odours of certain substances, which are only elicited by friction; but here again *similitudo claudicat*, for it is only while they are being rubbed that bone, horn, and stinkstone display their odorous properties, whereas the powers of medicines once set free by friction are said to continue free for ever.

By trituration and succussion, he says, the medicinal power of medicines may be increased almost to an infinite degree. Hence we are warned against succussing our successive dilutions over-much, and told that a drop of *drosera* of the 15th or 30th dilution, each dilution of which has had twenty shakes, will endanger the life of a whooping-cough patient, from its extraordinary potency; whereas had each dilution only been shaken twice, a globule of the same dilution would cure the disease, without endangering the child's health in the slightest degree.

"The homœopathic attenuations," he observes, "so far from being *diminutions* of the medicinal power of a grain or drop of the crude drug, keeping pace with its extreme fractional diminution as expressed by figures, are, on the contrary, an actual *exaltation* of the medicinal power, a real spiritualization of the dynamic property—a true, astonishing unveiling and vivifying of the medicinal spirit." Again, "by these processes the internal medicinal power is liberated from its material bonds, so as to enable it to operate more penetratingly and more freely on the living organism," and "the

material receptacle of these natural forces, the palpable ponderable matter, is not to be taken into consideration."

Thus the simple acts of succussion and trituration, which Hahnemann at first adopted solely for the sake of obtaining a due admixture of the drug with the vehicle, gradually attained in his estimation a novel and important rank. Not only did they completely neutralize the weakening process with respect to the power of the medicine naturally produced by the diminution of its quantity, but they more than supplied the loss of quantity, and if carried only a little further than usual, actually increased the power and energy of the drug, or even conferred on it entirely new properties.

In the preface to *thuja*, in the fifth volume of the *Pure Materia Medica*, published in 1828, he says that the higher dilutions of this medicine, *e. g.*, the 30th or even the 60th, if each dilution be shaken ten or more times, so far from being inferior in strength to the lower dilutions, are actually more powerful. Consequently, he recommends that each dilution be prepared only with two succussions. In a note to this preface he takes great credit to himself for this *discovery* of the increase of power by succussion and trituration, and says that by these processes all the material substance of the drug seems to dissolve and be transmuted into pure medicinal spirit.

So fearful is he of increasing the medicinal potency of a medicine by shaking it too much, that he earnestly deprecates the practice of carrying about medicines in the liquid state, as the mere shaking of walking or driving will, he alleges, increase their potency to a dangerous extent. To show that this dynamization of medicines is purely an effect of succussion and is independent altogether of dilution, he mentions an experiment he made. "I dissolved," says he, "a grain of soda in an ounce of water mixed with alcohol in a phial, which was thereby filled half full, and shook this solution continuously for half an hour, and this was in dynamization and energy equal to the 30th development of potency." A point, I should say, most difficult to prove, nor does he tell us how he proved it. Were it the case, we might well ask,

what use is there in diluting the medicine up to 30, if merely shaking the first dilution for half an hour will produce precisely the same effect?

Hahnemann himself, however, saves us the trouble of seriously refuting this statement of his, for a few years later he does so himself. Thus, in the preface to the fifth volume of the *Chronic Diseases* (second edition), he tells us it is absolutely necessary to dilute medicines in order to be able to potentize or dynamize them; "for," says he, "the greatest amount of succussion and trituration of substances in a concentrated form will not enable us to liberate and bring to light the more subtle part of the medicinal power that lies still deeper." In this preface he, however, no longer seems to dread the enormous increase of power in a medicine if the regulation two shakes be surpassed. On the contrary, he now says that by slovenly shaking the dynamization is not effected, and he advises ten, twenty, fifty, and even more succussions to be given, striking the bottle each time against some hard elastic body. In another part of this book he formally retracts the advice he had previously given about the two succussions for each dilution, and states that he cannot now potentize too strongly, and therefore he recommends ten succussion strokes as the rule for each dilution. Indeed, he carries his shaking still further, and no member of the fraternity of shakers can now rival him; for, as he recommends the medicine to be given in solution, he says the potency must be altered by six or eight vigorous shakes of the bottle before each dose. Like the poetical Dr. Bolus, his direction now is—

"When taken,
To be well shaken."

In a note in the *Organon*, and in the first volume of the *Chronic Diseases* (page 181), and again in a note to the proving of phosphorus, we find that among other effects alleged to be produced on the medicine by the dynamizing processes of succussion and trituration, it is stated to be removed completely out of the sphere of chemical action. Thus a globule of *phosphorus* 30

contained in a powder of milk-sugar that may have been prepared for a year and more, will at the end of that time have undergone no alteration from the action of the air, but will still act perfectly as *phosphorus* and not as *phosphoric acid*. Again, a globule of the 30th potency contained in a phial prepared twenty years before, and used thousands of times by olfaction, still continues to possess its power undiminished, and may be used with perfect confidence for the cure of a disease. Thus, by the process of dynamization it would appear that the medicinal action is rendered almost if not quite inexhaustible.

The dynamization-process, we are told in the *Organon*,⁹ may be carried up to 60, 150, 300, and higher, without impairing the strength of the medicine much; in such high potencies the medicine seems to act more rapidly and penetratingly, but at the same time the action appears to last a shorter time.

From this sketch of Hahnemann's doctrines respecting the dynamization of medicines, it will be apparent to you that his views were constantly undergoing alteration, and this last period of the theory is replete with contradictions.

Whilst in the earlier periods of the growth of his system he merely tells us to shake the bottle, to shake it strongly—to shake it for a minute or longer—he afterwards tells us that much shaking increases the power of the medicine to a dangerous extent, and therefore only two shakes must be used for each dilution. Latterly, however, he again loses his dread of shaking, and after once more appointing ten shakes for each dilution as the standard, he becomes more liberal and allows twenty, fifty, or more shakes, and half a dozen shakes to the bottle before each dose of the medicinal solution.

Again, whereas in one place he says that the shaking is the only agent in the dynamization, and a strong medicinal solution, if shaken long enough, will become like the 30th potency, in another he alleges that dilution is essential to the dynamizing effect of succussion,

⁹ *Organon*, p. 331, note.

and that all the rubbing or shaking in the world will not dynamize an undiluted substance.

The dynamization-theory involves another contradiction. Hahnemann says, for instance, that the weakest possible dose is sufficient to overcome the disease, and the dose can scarcely be made weak enough to avoid aggravation. At the same time he directs us to dynamize our medicines up to the 30th degree of potency, whilst he tells us that by the processes used in this operation the power of the medicine is not diminished but increased; and we even find that a number of succussions, which at one time he told us would make the remedy endanger the life of a patient by increasing the potency of the drug, is latterly advised by him to be employed for the preparation of all medicines.

Having thus given you a brief *résumé* of Hahnemann's deeds and thoughts on the subject of the dynamization of medicines, I shall now proceed to lay before you the substance of the principal lucubrations on this subject that have been indulged in by Hahnemann's followers.

You will not have failed to remark in my previous lectures that every idea and suggestive hint thrown out by Hahnemann, and still more everything bearing the semblance of a new hypothesis, has been greedily caught up by some of his disciples and worked out to that frequently desiderated termination of a mathematical problem, the *reductio ad absurdum*. As it was with the other theories I have spoken of to you before, so it is with this one of the dynamization of medicines.

You will recollect that Hahnemann speaks of the effect produced by the processes of succussion and trituration as a dematerialization of the medicines, a transmutation of the material medicinal substance into immaterial medicinal spirit. This is an idea Hahnemann is very fond of reiterating, though of course it is not difficult to show from his own writings a refutation and implied denial of any such transmutation; for Hahnemann, as I have frequently shown you, always argues on both sides of the question, and seems to take a pleasure in refuting his own views. Thus he observes—I quote

from the last edition of the *Organon*—"A substance divided into ever so many parts must contain in its smallest conceivable parts still some of this substance, and the smallest conceivable part does not cease to be *some* of this substance."

However, this suggestion concerning the spiritualization of the medicinal substance by the homœopathic pharmacæutic processes fascinated the imagination of a Sarmatian nobleman, an enthusiastic disciple of Hahnemann's, a certain Count von Korsakoff, who favoured the homœopathic medical world with his opinion and advice, which have gained a fictitious importance by the notice Hahnemann took of them, and the certain amount of deference he paid to the excursive imaginings of his northern ally.*

Korsakoff was the real original inventor of the high potencies, for he first conceived and executed the idea of diluting medicines up as high as 1500. Sulphur, he said, acted better at that degree of potency. But what he prided himself most on was his brilliant notion of communicating medicinal power to a multitude of non-medicated globules by means of introducing among them a single medicated one. Hahnemann's assertion that one globule would continue to give off medicinal power unimpaired for twenty years or more, and at the end of that time be never a bit the worse of its long labours, had apparently suggested his new and original notion to our worthy Count, who evidently thought that this medicinal power given off so continuously by the medicated globule might be turned to some useful purpose. He accordingly placed in a bottle 1000 sugar-globules unmedicated, and added to them one globule imbibed with sulphur 100, and shook the whole for a minute, when, of course, he found that any one of these globules thus infected by the medicated one acted just as well as if it had been imbibed with the tincture at first hand. Emboldened by his success, our adventurous Count proceeded to medicate in the same manner 13,500 plain sugar-globules, by shaking them for five minutes with

* *Organon*, p. 324, note.* *Archiv*, xi., xli.

one globule of sulphur 30. He prepared a case containing bottles filled with non-medicated globules, and into each bottle he dropped a medicated one, and after a little shaking all became medicated. What Hahnemann had done in regard to fluid medicines, that did friend Korsakoff in regard to dry globules, he warned against carrying the bottles about with us in our pockets, for fear their power should be enormously increased by rubbing against each other. Korsakoff believes that the material division of the medicine ceases at about the 6th dilution, and that thereafter the medicinal power is communicated by a process analogous to infection and altogether immaterial. Hahnemann, who, as I have just said, took the trouble to reply to our *dilettante's* puerilities, denies that the material subdivision ceases at the 6th dilution. He admits the probability of one dry medicated globule infecting several thousands of unmedicated ones, and repeats his previous assertion as to a globule, this time of staphisagria 30, giving off medicinal power continuously for twenty years; but he shakes his head at the idea of dry medicated globules being further dynamized by being shaken together in the pocket. He looks upon Korsakoff's experiments with dynamizing medicines up to 1500 as curious, in showing the almost illimitable extent to which the homœopathic processes may be carried without destroying the medicinal properties, but as useless in a practical point of view. The 30th potency, says he, is the standard by which we should all abide in order to obtain uniform results. Hahnemann had previously, in a letter to Dr. Schreter, expressed his disapproval of dynamizing medicines beyond 30; though, as we shall afterwards see, he subsequently deviated in both directions from this normal standard.

As every novel idea in homœopathy, no matter whence it came, has had its adherents, so this infecting notion of Korsakoff's was no sooner enunciated than it was adopted by some of the homœopathic *gobemouches*. Dr. Gross of course instantly gave in his adhesion to the Korsakoffian notion, and gravely notified that he had communicated *blood-power* to ever so many sugar-globules

by adding to them one globule imbibed with a dilution of his own blood, and with this wonderful medicine he had cured congestions of various sorts.[†] Dr. Plaubel[‡] of Gotha said it did not matter if the globules fell out of the powder in which they had been placed, the milk-sugar in the powder was already infected by them and contained all their medicinal virtues.

Pursuing another idea of Hahnemann's, that, namely, which led him to assert that further attenuation is not necessary to the dynamization of a medicine, but that continuous succussion without dilution is sufficient, such seems to have been the plan adopted by another *dilettante* admirer of Hahnemann's, this time not an aristocratic landed proprietor, but a democratic horse-trainer.[§] Herr Stallmeister Jenichen of Wismar, an enthusiast and a mystery-monger, who during his life kept his manipulations a profound secret, whether for the sake of making more money by it, as his opponents allege, and as his having to do with horses would render quite likely enough, or for the sake of ensuring the genuineness of the preparations he introduced, as his friends assert, it is impossible now to tell; suffice it to say, he introduced into homœopathic practice those preparations termed *high potencies*, which have for some years back been disturbing the harmony of the happy family of homœopaths. I have, in the tenth volume of the *British Journal of Homœopathy*, given an account of his mode of preparing his medicines, as far as that could be learned from the writings he left behind him as a legacy to his successor and apologist, Dr. Rentsch. From these documents and certain letters our horse-breaking friend sent to various medical men, wherein bits of the mighty secret ooze out, it would seem that the chief

[†] Arch., xiv. 2.

[‡] Griesselich's Skizzen, 23.

[§] Dr. Hering will have it (see *Allg. hom. Zig.*, xlv. 68) that we in England knowingly insult the memory of this hero by calling him a horse-trainer, and that the English equivalent of his title of Stallmeister is Master of the Horse, an office of high trust and dignity. But even were it the case that the situation he held under the Duke of Gotha was equivalent to that the present Duke of Wellington holds in our Court, that would not make him a greater medical authority, nor would it affect the question of the accuracy of our denomination; for it was the boast of himself and friends that his herculean strength had been developed in the training and subjugation of the wildest horses, which occupation might certainly not be incompatible with the office of Stallmeister (properly Equerry, not Master of the Horse) to a German prince, but would hardly consist with the dignity of its alleged English equivalent.

peculiarities of Herr Jenichen's mode of preparation were these: that he allowed the dilution with which he started on his transcendental dynamizing excursion to evaporate to dryness; that he used comparatively large bottles, and held them in what Brother Jonathan would call a *slantindicular* direction while shaking them; that he reckoned the number of potencies by the number of shakes he gave the bottle, ten shakes being equivalent to one degree of potency; that he sometimes started from the 29th dilution, sometimes from a much lower one, but as his potencies were only reckoned by the number of shakes he gave the bottle, it did not much matter to him where he started from; that it is probable that he diluted the medicine after every two hundred and fifty shakes, or 25 degrees of potency, but this point is not quite clear; that his degrees of potency, consequently, have nothing in common with what Hahnemann understands by that term. Being a man of extraordinary muscular power, and shaking with all his might and main, he made, as he says, the fluid in the bottle ring "like silver coin," a prophetic echo of the sound his wonderful discovery afterwards occasioned in his pocket by the afflux of thalers it brought him."

It will be sufficiently evident from what I have adduced concerning Mr. Jenichen's exploits, that his mode of procedure in the making of those preparations he termed high potencies was quite arbitrary and un-Hahnemannian, and doubtless the notoriety they obtained was mainly fostered by his making a profound secret of his process. Jenichen's first essay with high potencies

* Dr. Hering of Philadelphia, the sole depository, as he asserts, of the secret of the exact mode adopted by Jenichen in the preparation of his high potencies, in reply to a public invitation from Rummel to reveal what he knows of this vexatious subject, has published a letter in the *Allg. hom. Ztg.* (xlv., No. 5), very characteristic of its author, but certainly not very satisfactory to those who expected a full revelation of the mystery. He says it is not yet time to publish the whole secret, and he only gives the miserable instalment contained in the following sentences: "In Jenichen's preparations—1, the quantity of the vehicle is much greater in proportion to the medicine; 2, the shaking was much more powerful and longer continued; 3, the numbers express the degrees, and that in an exact proportion; 4, it would be hard to find any one who could imitate Jenichen's method of preparing the high potencies; 5, Jenichen has left behind him a sufficient quantity of his preparations to serve us and our children's children." Nothing very satisfactory in this information certainly. Hering, however, promises further revelations all in good time. Most of us will be content to wait till the Greek Calends for the promised disclosures.

was with the medicine *plumbum*, for an affection of the foot, and curiously enough, his last feat was to fire a ball of the same metal through his head. Peace be with his ashes! let us say; though his unhappy invention brought no peace but rather great strife into the homœopathic camp.

Of course that eminent discoverer of homœopathic mare's nests, Dr. Gross, took up Jenichen's new preparations with great zeal, and as he had previously stated of Korsakoff's pretended discovery and of Hering's isopathy, so he now vehemently asserted of Jenichen's absurdity, that it was a new era in homœopathy; and he went farther, for he pretended that cures were never made till this mighty Nimrod had furnished us with such remarkable remedies. Stapf, Hering, Bönninghausen, Rummel, and several others, joined in Gross's eulogies. One and all asserted that these high dilutions possessed almost uncontrollable power, and their incautious use was highly dangerous; indeed Bönninghausen killed two mad dogs dead on the spot with a globule of one of them.* Jenichen, encouraged by his patrons, went on potentizing terrifically, Hering all the time shouting to him across the Atlantic, "Higher, higher! every year higher!" a suggestion poor Jenichen was not slow to obey, for from 100 he soon got to 200, 500, 800, 1000, 1500, 2000, 10,000, 50,000, and even as high as 60,000. It is impossible to say how high he would have gone in the course of time, had he not providentially shot himself after he got to 60,000.

Hahnemann was so fearful of hyper-potentizing the medicines, that he ordered no more than sixty shakes to be given in the preparation of the 30th dilution, but our hero Jenichen thought nothing of giving 600,000 to one preparation.

Jenichen tells us he worked five hours a day at his preparations. Supposing each succussion occupied a second of time, and he worked during all these five hours continuously, without stopping for an instant, to potentize one single medicine up to the 60,000th potency would

* Allg. hom. Ztg., xxxix. 98.

take him nearly five weeks of hard labour. We may make ourselves perfectly easy on this point, and are quite justified in saying that his potencies, so called, were nothing more than a disreputable catch-penny, puffed into unmerited notoriety by a few credulous homœopathists, who should have known better than lend their reputations to the propagation of what five minutes' calm calculation might have convinced them was an impossibility and a cheat.

But I have said enough of the Jenichen delusion. I trust it is now on the fair way to die a natural death, and the sooner it is decently interred the better for the scientific aspect of homœopathy, and the claims to common sense of its advocates.

Let us now see what has been done and said by Hahnemann's disciples relative to the Hahnemannic theory of the dynamization of medicines.

All that is mystical, mysterious, and hypothetical in Hahnemann's writings finds an apt commentator in Dr. Hering of Philadelphia, and the dynamization-theory among the rest.

Believing that there was some real and novel change effected in the drug by means of the homœopathic processes, Dr. Hering felt it necessary to ascribe this to some new and unheard-of natural force, which he proposed to call *Hahnemannism*, just as we apply to other natural forces the terms *Mesmerism* and *Galvanism*, after Mesmer and Galvani, their discoverers. The part performed by this new force he conceived to be the communication by certain atoms of their essential character to other atoms. He employed the word *tension* to indicate the division of the matter, and he promised to explain the whole affair in a book he was engaged on, but which has not yet made its appearance, though thus heralded to the world some fifteen years since. It is difficult to see how he can prove to us that the great divisibility of substances and their capability of acting on the organism can constitute a force, it being rather a property; and it is certainly an arbitrary assumption, incapable of proof, to say that the properties of medicinal substances can be transferred to non-medicinal ones. Dr. Hering, in the same

article,⁷ alleges that none can resist the action of the so-called potencies, that every person is susceptible to them, that it is a law that the medicinal power becomes freer the more the mass of the medicine is diminished; that, finally, we should set some bounds to our succussions, and guard against hyper-potentizing.

Nor is friend Hering alone in his dread of this excessive trituration and succussion, for Jahr, of *Manual* renown, states* that the system may be permanently ruined by the continued employment of the higher potencies.

But to return to Dr. Hering, he states, as something peculiar, that potencies of different degrees may be made by altering the proportion of medicine and vehicle, and that the effect of these is different according as they are made in the proportion of 1 to 10, of 1 to 100, of 1 to 1000, or 1 to 10,000. Hahnemann himself, we shall find, when we come to consider the subject of the dose, employed at different periods different proportions of drug and vehicle. Hering naturally took up Korsakoff's notion of the medicinal infection of non-medicinal substances, and he even extended it to a still more extravagant length; thus he said that one globule of the 30th potency made, with the cubic inch of air in the bottle where it lay, a new potency; the whole air of the room must also be penetrated by the power of the globule, and become a potency, if the right proportion existed between them, but as the proportion of the air was in excess this penetration did not take place, and the air of the room did not become a new potency. Glass, cork, etc., are, according to Hering, as efficient insulators of Hahnemannism as they are of electricity. It is melancholy that men of real genius like Hering will waste their energies following out such absurd and useless trains of thought as this which I have just given you a specimen of; they cannot lead to any useful practical end, and are not even serviceable in convincing any one of the rationality of homœopathy, but rather the reverse. However, it must be confessed that Dr. Hering has rendered and still con-

⁷ Arch., xv. 1.

* Preface to Jahr's *Manual*.

tinues to render such important services to practical homœopathy that we can patiently bear with him when he mounts his theoretical hobbies. Still, we prefer vastly to meet him on the field of practice than on that of theory.

To account for the supposed great development of power produced in the medicine by the homœopathic pharmaceutic processes, many physicians have on many occasions stated that by them electricity was set free; but it does not clearly appear what this free electricity has to do with the medicinal action, for none will contend that medicinal action has the slightest resemblance to electrical action. However, this was and is still a favourite idea with some. Surgeon Tietze^a convinced himself of it by finding that when he rubbed up his medicine with milk-sugar in a glass mortar, with a glass pestle, the particles were attracted and repelled in quite an electrical fashion, and he found that a luminous appearance was produced during the trituration in the dark; phenomena which, we all know, will occur with plain sugar or milk-sugar, independent of all medicinal admixture.

Several homœopathic authors have made examinations of the appearance of the homœopathic preparations under the microscope, and their labours have been rewarded by the observation of some interesting appearances presented by the medicinal substances and preparations so investigated. The first that directed his attention to this subject was Dr. Segin, who made a series of observations with the microscope, in order to show that the so-called infinitesimals really contained discernible particles of the medicines subjected to the homœopathic processes.^b Under a microscope that magnified seventy-five diameters, Dr. Segin examined the first six triturations of metallic copper, prepared according to the centesimal scale. In each of these triturations he distinctly recognised the blackish-brown particles of the metallic copper equally mingled throughout the milk-sugar. He could no longer detect them in the seventh trituration. In after years he subjected some other preparations to

^a Arch., xii. 1.

^b Hyg., vii. 1.

the action of the solar microscope, and imagined he could still detect particles of metallic copper, even in the 200th dilution of that metal, an observation the accuracy of which I must take leave to doubt, and to suggest that Dr. Segin must have deceived himself, especially as the solar microscope is not at all calculated for such investigations. Although Dr. Segin's observations were neither very numerous nor complete, as far as they went they bore out Hahnemann's first expressed idea, that the attenuations still contain some of the original medicine, and they also seemed to refute Hahnemann's subsequent idea that there was a dematerialization of the medicine, a spiritualization of it, produced by the homœopathic processes. It is interesting that Dr. Segin's observations attracted great attention among the adherents of the allopathic school, and were transferred into the columns of an allopathic journal.

The subject was taken up and pursued in a much more complete and satisfactory manner by Dr. Mayrhofer, who has given us the results of his investigations in the first volume of the *Austrian Homœopathic Journal*. In order to observe more accurately what took place during the process of mechanical diminution by means of trituration, he investigated the homœopathic triturations by means of the microscope, and chose the metals as the subjects of his investigations. In order to avoid all deception, he first carefully noticed the appearance under the microscope of the non-medicated milk-sugar, alcohol, distilled water, and the empty object-glass, and after becoming familiar with their appearance he then subjected to inspection the preparations, which he made himself in the proportion of two of the medicine to ninety-eight of the vehicle. The metallic triturations he dissolved in distilled water, in order to separate the metallic particles from the milk-sugar. The triturations were examined with a magnifying power of one hundred and twenty diameters, the dilutions with a power of two hundred to three hundred diameters.

It would be wearisome and superfluous to read to you all Dr. Mayrhofer's descriptions of the different appearances he observed in different metallic preparations, so I

shall content myself with giving a brief review of the most interesting points connected with his observations. I should mention that Dr. Mayrhofer gives lithographic representations of the appearance of several of the preparations he investigated under the microscope; copies of the most important of these will be found in the second volume of the *British Journal of Homœopathy*, to which I must refer you in order that you may have a correct idea of what Dr. Mayrhofer observed. The preparations of platina showed distinct signs of the presence of the metal under the power of three hundred diameters in the 10th dilution, and he believes even in the 12th and 13th dilutions.

Gold-leaf was no longer visible in the 5th dilution. Precipitated gold showed itself much more divisible. From a calculation Dr. Mayrhofer makes, it appears that the actual quantity of gold presenting under the microscope the appearance he delineates in one of the plates that accompany his paper, was not more than the 288,000th part of a grain; and the figure he gives does not even give a sufficient idea of the actual number of particles, for those that floated about in the drop of water could not of course be depicted. In the representation of the second trituration of the precipitated gold, Dr. Mayrhofer calculates there is the 14,400,000th part of a grain of pure gold; that of the third trituration contains about the 720,000,000th part of a grain of gold. The triturated gold could be, he asserts, traced with the microscope as high as the tenth and eleventh potencies. The much greater divisibility of precipitated than of leaf-gold shows that it should be preferred for homœopathic purposes to the latter.

Silver-leaf is more easily divided by trituration than gold-leaf. It cannot be traced further than the fifth potency. Precipitated silver can, we are told, be detected up to the twelfth attenuation.

Isolated globules of metallic mercury can be detected up to the tenth attenuation. Dr. Mayrhofer believes, from the appearances he observed, that the mercury undergoes a kind of half-oxydation by the trituration.

Metallic iron is still visible, under the magnifying

power of three hundred diameters, in the seventh and eighth attenuations. It seems to undergo an oxydizing process like the mercury.

Leaf-lead seems to triturate better than lead-filings, and seems also to become oxydized. Dr. Mayrhofer does not mention how high up in the scale of dilutions he could still detect its metallic particles.

Metallic copper, prepared according to Hahnemann's directions, by being rubbed on a fine whetstone under distilled water, presents the most curious appearance of any of the metallic triturations. Some of the fragments you will notice in the representation given of it in the *British Journal of Homœopathy* are of considerable dimensions, and others present a rounded or hollowed-out aspect. Some of the ball-shaped pieces appear burst, and a second ball inside of them, like the Chinese ivory carvings. In the second trituration the larger fragments seem broken up, and a good many of the smaller balls are to be observed. In the third trituration all the balls disappear. The fragments present almost every variety of colour, apparently from undergoing an oxydizing process. It can only be detected in this preparation as far as the fifth attenuation. Copper-leaf is a better form of the metal for triturating than the preceding, but is very inferior to precipitated copper obtained by deposition from a solution of the sulphate on balls of zinc. The appearance of the first three triturations of precipitated copper under the microscope is almost exactly the same as that of the same triturations of precipitated gold. This preparation of copper also seems to become oxydized during the trituration. The particles of copper are alleged to be detectable in the twelfth attenuation.

Tin-foil, unless beat very thin, is scarcely more divisible by trituration than gold and silver foil. Precipitated tin, on the contrary, is the most divisible of all the metals, and the atomic particles in the dissolved solution seem to be in a constant state of dancing movement. The particles can be perceived as high as the thirteenth and fourteenth attenuations. Metallic zinc seems to triturate badly, as no traces of it could be discovered beyond the fifth potency.

In triturating the oxyde of arsenic—common white arsenic or arsenious acid—Dr. Mayrhofer found that the first trituration was not soluble in water, its dilution presented an amazing number of very fine points.

Dr. Mayrhofer draws the following deductions from his careful and praiseworthy experiments.

1. The precious metals, even when triturated to the finest powder, retain all the properties of the metals unchanged, and after this subdivision of their particles are just as insoluble in alcohol and water as when in larger masses.

2. The metallic lustre is exhibited by the precious metals even when reduced to the smallest visible parts, but disappears from the baser metals, owing to their oxydation. The specific gravity is only seen in the larger particles, for the smaller ones float on the surface or are suspended in the liquid.

3. In the process of trituration there is a progressive division and diminution of the substance, and this, by making it capable of assimilation by the organism, may be called a rousing or awakening of its medicinal powers. It is doubtful if succussion has any effect in dividing the particles still more; there is no question of a solution, in the proper sense of the word, the particles are only suspended; there is, however, a disengagement of electricity and magnetism by the friction of the metallic particles against one another. Whilst the old school called such a minute subdivision of the metals "killing them," the new school calls it "vivifying them," with more justice as regards the living organism.

4. Though the actual divisibility of matter by mechanical processes borders on the marvellous, still it is limited, and is far below the mathematical idea of infinity. The visible particles of the substances become gradually smaller and fewer as the triturations advance, and at length cease altogether; the atoms becoming always smaller and more mobile, at length come to be so much so that they elude the triturating force. We ought, however, to be quite content with the actual divisibility, for examination shows the diameter of the smallest metallic particles to be one twelve-hundredth to one two-thou-

sandth part of a line, whilst the diameter of the blood-globule is one three-hundredth of a line, so that the cubic contents of the metallic particle are sixty-four times less than those of the blood-globule. A patient, who takes a grain of the third trituration of tin or arsenic, swallows the amazing number of 115,200,000 particles of the medicine, and if he take it made according to the decimal scale, no less than 576,000,000 particles, each of which possesses all the properties of the metal, and from their minute size can freely penetrate to all parts of the organism, and develop their peculiar effects on every part.

5. It is of great importance what preparation is used for the trituration. Metallic oxydes, precipitated metals, and fluid mercury are the best; iron and lead-filings less good; still worse are zinc and copper powder obtained by rubbing on a hone under water; and worst of all are silver and gold-leaf.

6. It is only the precious metals that afford real reguline preparations, the baser metals seem all to become oxydized during trituration, owing to their affinity to oxygen. It would therefore be preferable to select the oxydes of these baser metals at once for trituration.

Dr. Koch^c examined the third trituration of *mercurius vivus* under the microscope, and found it to contain an infinite number of the smallest globules of mercury.

Presenting a strong contrast to Mayrhofer's investigations are those of Dr. Rummel, relative to the 200th dilution with the solar microscope, to name which after Mayrhofer's seems like a descent from the sublime to the ridiculous. Dr. Rummel says he saw a number of atoms running about and crossing each other in all directions, most probably the effect of the evaporation of the alcohol, which he, poor man, took for the marvellous atoms of the 200th potency. It seems scarcely worth while to mention such absurdities, but my account of homœopathy would, I fear, be short indeed if I were to forbear alluding to the extravagances of its supporters, of which I have given you perhaps too many specimens in former lectures.

LECTURE XIII.

ON THE DYNAMIZATION OF MEDICINES (CONTINUED).

At the conclusion of the last lecture I gave you an account of Dr. Mayrhofer's microscopic investigations relative to the homœopathic attenuations, and described the appearances of several of these attenuations when subjected to a high magnifying power. Those investigations and the representations he gives of the microscopic appearance of the dilutions bring the infinitesimal quantities of our preparations within the cognizance of our senses, and serve to realize the imperfect conceptions we are apt to form of the actual nature of a homœopathic attenuation.

Mayrhofer having thus, as it were, rescued homœopathic preparations from the region of the vague and the spiritual, to which they had latterly been consigned by Hahnemann and so many of his followers, and brought them back to the domain of the physical and material, prepares us, as it were, for the views of Professor Doppler of Prague, which I shall next lay before you.

Doppler, professor of natural philosophy in the University of Prague, a distinguished cultivator of the exact sciences, was, from the character of his habits and mode of thinking, not likely to take a hyperdynamical or transcendental view of the effects produced by minute subdivision. Professor Doppler's essay, to which I am alluding, is entitled *On the Great and the Small in Nature*, and was published in *Baumgartner and Holger's Magazine of Physics and the Allied Sciences*, in 1837. In the essay itself there is no mention made of homœopathy, but from its whole tenor it is evident that homœopathy is what the learned professor alludes to. He starts by saying that we are not justified in attempt-

ing to estimate the effects of substances by the size of their mass, but that their effects are proportionate to the extent of their active superficies. Precisely Hahnemann's original idea, viz., that his remedies were rendered more efficacious by thorough admixture with an unmedicinal substance, in consequence of their then presenting more points of contact to the living organism. Doppler shows that the physical superficies of a medicament is increased in a fixed mathematical progression by its being rubbed up with a non-medicinal vehicle; but that this is not the case if it be rubbed up without such vehicle, in that case the increase of the superficial extent soon ceases. I may here give some of Professor Doppler's calculations. A cubic inch of sulphur broken into a million of equal pieces, each no bigger than a grain of sand, has its surface increased by the subdivision to more than six square feet. Again, if a grain of this sulphur be mixed thoroughly, by prolonged trituration, with ninety-nine grains of a non-medicinal matter, this grain, in what corresponds to our third trituration, will offer a surface of two square miles in extent; at the fifth trituration it will be equal to the whole of Austria; at the sixth equal to the united continents of Asia and Africa; and at the ninth to the whole surface of the sun, with all its planets and their attendant satellites. Doppler contends that with this enormous increase of surface there is a proportionate increase of free electricity. This free electricity, Doppler conceives, acts particularly upon the living nerve, which he believes to be a good conductor of electricity in this form. He further believes that in derangement of health the power of conducting is altered, and that the medicines in this peculiar electrical state have, somehow or other, the power of restoring the conducting power of the nerves to the normal condition. Doppler does not, however, assign the curative power of the medicines solely to their electrical properties, but he considers that by their electrical condition they are put in a position to be conducted by the nerves to the parts where they are needed. It is through the nerves alone that Doppler, like Hahnemann, conceives the medicines to act. Hahnemann was more cautious in his expressions at first,

Originally he said the medicines acted through the living fibres, the word he used, "*Faser*," signifying both fibres and vessels; and this perhaps was nearer the truth than the idea he latterly broached.

Doppler's observations bear out the notion we usually entertain of the almost infinite extensibility of matter, and also the doctrine that by the process of trituration matters are not annihilated, but, on the contrary, expanded or opened up. Still, a fallacy pervades all his calculations; at least the excessive increase of superficies he claims for the grain of medicine by the repeated triturations is true in theory only and not in fact, for with the proportion of one to ninety-nine it is evidently impossible ever to triturate the whole original grain; for, to make the whole of the first trituration into the second trituration, we should require to triturate one hundred separate portions, containing in all 10,000 grains of sugar of milk, and to bring all up to the third trituration we should require to use 1,000,000 grains of the vehicle, and to triturate 10,000 separate portions. By our ordinary method of preparing the attenuations, the whole mass of the second trituration only contains the hundredth part of the grain, the third only the ten-thousandth part, and the fourth only the millionth part, so that though the portion triturated may be opened up and greatly subdivided with each successive trituration, it must always be diminishing, and its superficies, even supposing each successive trituration to be thoroughly penetrated by the medicine, can never exceed what was presented by the first trituration. The only thing that this repeated trituration can effect is probably to make the medicine more assimilable by the organism, or more adapted to its irritability, an advantage that more than counterbalances the loss of material substance. In no other way does homeopathy derive any advantage from the curious and ingenious speculations of the learned Bohemian professor.

Chemistry has by many been brought to elucidate the doctrine of the dynamization of medicines, but as yet nothing more than some remarkable analogies have been obtained from that purely physical science; nor is it easy

to conceive how anything more than analogies could be obtained from it, as, in spite of the ideas of the iatro-chemists, ancient and modern, the living organism is not a chemical retort or test-tube, and the operations that take place within it are referrible to quite other laws than those that obtain in the decomposition and recomposition of chemical bodies. All that the most refined chemical analysis can effect is to demonstrate the existence of certain medicinal substances in some of the lower homœopathic preparations; but when it comes to be a question of billionths or trillionths of a grain, the subtlest chemical analysis is completely at fault, as such infinitesimal fractions completely elude its research.

All that could be said on the chemical side of the question has been said, much better than I could impart it to you, in that remarkable essay by Dr. Samuel Brown, entitled *Theory of Small Doses*, which you will find in the first volume of the *British Journal of Homœopathy*, and in that selection of masterly essays contained in the little volume entitled *Introduction to the Study of Homœopathy*.

Physiology has been consulted with somewhat better success, if not to furnish a corroboration of the dynamization-theory, at all events to countenance the opinion of the positive effects of very minute and even infinitesimal doses. The experiments of the Abbé Spallanzani, with reference to the fructifying power of very minute quantities of the semen of the frog, are a very favourite illustration with most writers on the powers of small quantities. This Italian physiologist mixed three grains of frog's semen with equal parts of water, and found that a drop of the mixture possessed the power of fructifying a large number of the eggs. The same quantity of semen mixed with four times the amount of water still possessed the same power. With a pound of water the power was not much impaired. A drop from a mixture of three grains of semen with eighteen ounces of water showed undiminished fructifying power. Mixed with two pounds of water, the power was somewhat diminished; and a drop taken from a mixture of three grains with so large a quantity of water as twenty-two pounds still impregnated

a few eggs. The smallest quantity of a drop, taken on the point of a needle from a mixture of three grains of semen with eighteen ounces of water, often impregnated the eggs as rapidly as pure semen. He found that the semen preserved its fecundating powers much longer when diluted with water than when undiluted.

The eminent physiologist Dr. J. W. Arnold,^d whose name homœopathy is proud to enrol among the list of its most able and intelligent supporters, carried out Spallanzani's experiments to a still greater extent. He prepared three dilutions of frog's semen, according to the centesimal scale. In each bottle he put from four to ten unimpregnated frog's eggs, and allowed them to remain twelve days undisturbed. In the bottle containing the first dilution, the eggs were all decomposed by the putrefactive process. In that where was the second dilution, three of the eggs were fecundated; and in that containing the third dilution, one egg was fecundated. From these experiments it appears that the millionth part of a drop of frog's semen was capable of causing fecundation, a result superior to that obtained by Spallanzani, who had proved that the 42,240th part of a grain was capable of fecundating the eggs. These experiments, however, only show that the frog's semen had still the power of fecundating the egg in a very great state of dilution, and that the diluted semen was better adapted for this purpose than the concentrated, probably because it was not so apt to pass into a state of putrefaction as the latter, but it is evident they do not help the dynamization-theory in the least. As an analogy, however, these experiments are interesting, for, as far at least as the living organism is concerned, they refute the vulgar notion that large quantities produce the greatest effects; an idea that has its origin in the known facts of physical science, and not in the actual occurrences of organic life.

Dr. Arnold^e likewise instituted a series of experiments with diluted cowpock-lymph. One part of vaccine matter mixed with twenty parts of water and ten parts of spirit produced no effect when inoculated on a child, probably

^d Hyg., x. 489.

^e Ibid., xiv. 531.

because the spirit destroyed the vaccine matter, as it is well known to produce a great alteration in many organic substances. One part of vaccine matter was mixed with 100 parts of pure spring water, and inoculated on the right arms of three children, while at the same time their left arms were inoculated with pure vaccine matter with another lancet. In two of the children, only the left arms, where the pure lymph had been inoculated, showed the pustules; in the third child there appeared on the eighth day four pustules on the left and two on the right arm, both equally large and genuine. A mixture of one part of vaccine lymph with 100 parts of spring water was kept for twelve days in a moderate temperature; at the end of that time both arms of a child were inoculated with it, and both exhibited in due course of time a pock of the genuine character. These experiments, like those with the frog's semen, only show the power of small quantities to act on the organism, and in that way only are they serviceable to us, as analogous to the action of small doses of medicine; they do not, however, throw any light or afford any countenance to the dynamization-theory, and they are of the same character as those familiar instances of the great effects of small quantities, which have long constituted the defensive armoury with which the homœopathist has successfully repelled the attacks of the allopathic sneerer at his infinitesimals.

Similar in character to the paper of Professor Arnold, of which I have just given you an account, is an elegant essay by the late Professor D'Amador, who occupied for so many years with the greatest *éclat* the chair of pathology in the ancient and justly celebrated University of Montpellier, the Edinburgh of France in point of reputation as a medical school, and also in possessing an avowed homœopath as its professor of pathology. Professor D'Amador was forbidden by a decree of the Faculty of Medicine to mention the word homœopathy from his professorial chair, an infringement of his liberty of action that must have been very galling to a man of his enlarged and liberal mind. The essay to which I am about to call your attention, however, shows unmistake-

ably the bias of his mind towards the doctrines of Hahnemann, and every now and then he contrived to inculcate the rational views of our great Master, in spite of the embargo laid upon his words. The essay is entitled *On the Action of Imperceptible Agents on the Living Body*, and you will find an abstract of it in the fourth volume of the *British Journal of Homœopathy*. A great array of accredited facts is brought forward to illustrate the power of small and even undiscernible quantities in different departments of nature. The subject of fecundation furnishes him with a fruitful source of illustration. Besides the experiments of Spallanzani, he refers to the occurrence of the impregnation of women where the hymen was still perfect, and the observations of Harvey with respect to the fecundation of bitches and rabbits, in whose wombs not a trace of semen could be discovered. The germination of plants; the terrific powers of certain well-known poisons, in the most minute quantities; the effects of the most infinitesimal quantities of morbidic viruses; the apparent purity of the atmosphere, where ague, the plague, the cholera, or epidemic diseases are committing their ravages; our inability to detect any peculiar principle in the poison of the viper, the pus of the plague-bubo, the lymph of the vaccine pustule, etc., etc., are successively brought forward to illustrate his argument; but these and similar instances have, as you must perceive, more reference to analogies with the infinitesimal doses than they serve as explanations of Hahnemann's dynamization-theory.

Dr. Rau,* to whom I have frequently referred as one of the most learned and scientific of Hahnemann's followers, treats the subject of the dynamization of medicines, as he does every other point of Hahnemann's doctrines, with much ability and perspicacity. He says it has been on the one hand maintained—1, that, by the processes of trituration and succussion, powers that were completely latent or only partially developed are set free, and transferred to other bodies placed in intimate contact with the medicine; and these processes have

* Werth. der Hom. Heilv., 134.

accordingly been denominated a developing of power, or potentizing. On the other hand, 2, the act of dilution or attenuation has been rather regarded as a mere subdivision of the matter and of the powers united to that matter. He thinks that there is truth in both these views, but that neither contains the whole truth of the matter.

There are, he says, many substances which in the crude state display few or no medicinal powers; the powers they inherently possess are only to be liberated by methodical attenuation. Thus magnesia, chalk, and alumina are in their crude state only useful as absorbent remedies for combining with the free acid present in the stomach. Silica, baryta, strontia, vegetable charcoal, lycopodium, several metals, and various other bodies, likewise manifest no medicinal action in their crude state. The potentizing or development of the powers of these substances does, he says, unquestionably take place by their attenuation, and in the case of some of them, their medicinal powers attain such a degree of intensity by this attenuation that further attenuation is requisite in order to moderate the violence of their action.

Many other medicinal substances, however, have in their crude form such a violent action that they can only be used in that state in allopathic practice, where a violent contrary effect is sought to be produced, and then only in very small doses. But in this state they cannot be used for homœopathic purposes, as they would excite too violently the more than usually susceptible nerves of the diseased part with which they have a relation, and consequently induce dangerous aggravations of the morbid state. Were the processes of trituration and succussion attended by an actual increase of potency, it is evident that the remedy would be rendered more and more unserviceable for homœopathic uses, by being subjected to these processes. But as we know the reverse to be the case, we must look on these processes as producing a diminution in place of an increase of power. This is the only way in which the most violent poisons can be used as remedies. But besides poisons, says Rau, there are other substances whose powers are already quite

developed in their crude state, so that any further development of them is impossible; such are some of the more easily oxydizable metals, several combustible bodies, such as camphor, phosphorus, sulphur, petroleum, and all ethereal and spirituous substances. With respect to such substances, the attenuations are not to be looked upon as potentizings but as depotentizings.

He further remarks that the cause of the better medicinal effect of dilutions lies in this circumstance, that the medicine is capable of developing two different sets of action—a violent irritation of the parts to which it is applied, if given in crude doses, and a more dynamic action on the nervous system, if given in quantities less than what will produce the irritant action. Thus a large dose of calomel rouses the organism to endeavour to free itself from the foreign substance, by means of vomiting and purging, and by these violent actions the more specific effects of the drug upon the lymphatic and glandular systems are altogether lost. The more these violent reactions are avoided the more freely can those actions dependent on dynamic excitation display themselves. It is therefore only in reference to these two different effects by medicines that dilutions of substances, whose powers are quite developed in the crude state, can be said to be dynamizations.

Dr. Rau believes that the medicinal powers can be transferred to other non-medicinal substances, but he gives us no proofs that such a transference takes place, and only a few vague analogies from other departments of nature, which, in my opinion, are not at all to the purpose.

Some years later^f Dr. Rau again recurred to this subject. He then referred the whole mystery of the dynamization-theory back to the old and well-known fact that substances become more efficacious by minute subdivision, because they then offer a greater number of points of contact. He regards as purely imaginary the doctrine of the progressive development of slumbering powers by means of continued attenuation.

Dr. Schrön,^g in his work upon the chief maxims of

^f Hyg., iv. 290.

^g Hauptsätze der Hahn. Lehre, 66.

Hahnemann's system, has given some attention to the dynamization-theory. Potentizing or dynamizing means, he contends, increase of power; dilution or attenuation diminution of power: the two are mutually incompatible. The first, or increase of power, is contrary to the object desired in homœopathic practice, which, in consequence of the increase of the susceptibility of the diseased part for its specific stimulus, requires a smaller in place of a greater power to act upon it. It is only in appearance, he says, that the dynamization-theory is true, not in fact. Many things speak against its truth, and nothing for the idea that trituration and diminution can produce an alteration of qualities in a substance. He refers the whole doctrine of dynamization to the following two circumstances: *a*, to the necessity for diminishing a substance that is hurtful in large doses; *b*, to the fact that not all medicinal substances, as they exist in nature, are in the proper state for acting beneficially upon the organism. The great susceptibility of the organism for even very minute quantities he believes to have contributed greatly to the notion of an increase of power from the homœopathic therapeutic processes. Some years later^b he expresses himself in similar language in another work, and he there asks the following pertinent questions, in allusion to the allegation that the homœopathic processes developed new and undreamt-of powers in the medicine: "How can the *quale* of a thing be altered (*i. e.*, how can it become something else) by rubbing or shaking it with an indifferent substance? How can the remedies detailed by Hahnemann in the six volumes of the *Pure Materia Medica* cure, in small doses, those cases to which they correspond when proved in the large doses used in allopathic practice? With what dilution does a substance commence to become another substance, and does it become something else with every new dilution? How is it possible that one homœopathic practitioner can avail himself of the observations of another practitioner, seeing that no two practitioners can expect to have medicaments identical in quality; for either one movement

^b Die Heilpr. und die Heilm., ii. 236.

must cause a change in the quality of the substance,—or else all movements must cause none.”

Dr. Kretschmar¹ afterwards distinguished, unenviably in the opinion of some homœopathic puritans, for certain suggestions relative to a co-operation or conjunction of the good that is in the allopathic system with homœopathy, was infected to a certain degree with Count Korsakoff's infection-theory, and wrote a little article on the subject. He contends that the amount of succussions given has nothing to do with any development of the power of a medicine; that one succussion is as good as two or more, and is equally efficient in infecting the whole mass of non-medicinal vehicle. Also, that one trituration is just as good as three for substances not soluble in the crude state. These views he subsequently modified in the essay I have just alluded to, and he there looks upon the attenuations simply as diminutions of the mass as well as of the power of the remedy.

Dr. Trinks^j of Dresden, in a criticism he wrote on the works of the pseudonym Heyne, afterwards known as the notorious scoundrel Fickel, says: “The power of a medicine is only capable of being developed, but not of being increased or potentized by the technical operations to which it is subjected.” In the preface to his *Materia Medica* (page l.) Dr. Trinks has the following passage, which I cannot help thinking involves a contradiction:—“We are not able,” he says, “to comprehend the wonderful process that effects the transference of the power of the medicine to an indifferent substance (milk-sugar or alcohol); we must take for granted that it occurs. It is clear that the original substance undergoes an atomic division; we must, however, doubt that it is quite annihilated and disappears.”

An anonymous writer, who took the letters H—nn^k as his initials, says, in opposition to Hahnemann, that he saw no difference in the action of *drosera*, whether it was shaken twice or ten times; subsequently he stated that even such substances as *sepia* and *natrum muriaticum* do not require to be potentized, for that one grain of these

¹ Arch. xii., 2, 76. j Prakt. Erfahr. im Geb. d. Hom.; Allg. hom. Ztg., vi. No. 3, and xxv. No. 2. k Allg. h. Ztg., vi. No. 12, and viii. No. 2.

remedies dissolved in half or a whole ounce of water displays its full action.

Dr. Werber¹ declared himself an opponent of Hahnemann's dynamization-theory. He says that some substances, such as earths, metals, etc., require, in order to have their powers developed, that their superficies be increased; this is effected most readily by the homœopathic pharmaceutical processes. It is probable, he says,—and this opinion is borne out by the microscopical investigations of Mayrhofer, which I described to you in the last lecture—that many of these substances acquire a greater adaptation to the living organism, by their combination with oxygen during their trituration; and he believes that the electricity developed in that process promotes this result. With regard to other substances, however, such as the narcotics, ethereal medicines, etc., there exists no necessity for this development, as in their natural state their medicinal powers are already sufficiently developed.

Dr. P. Wolf^m entertains similar views. He denies that any spiritualization of medicines is produced by their trituration and succussion, and he contends that Hahnemann originally intended only to diminish the dose of the medicine by his diluting processes, an opinion which we have seen to be well founded in the historical exposition I gave you in my last lecture of Hahnemann's views and doctrines on the subject.

Drs. Fielitz,ⁿ Georg Schmid,^o Lietzau,^p Strecker,^q and Schneider^r alleged the term dynamization, as applied to Hahnemann's pharmaceutical processes, to be false and mischievous. They all look upon the homœopathic attenuations as mere diminutions of the mass of the medicine. The last named, Dr. Schneider, says, "the belief in this mystic theory no longer exists;" a statement not quite consistent with fact.

Dr. Ægidi^s objects to both the terms *dilution* and *dynamization*. There is no proof, he says, that by the farther subdivision of the medicine any increased de-

Hyg., i. 184. ^m Achtzen Thesen. ⁿ Allg. h. Ztg., ix. 8. ^o Hyg.,
iv. 635. ^p Med. Jahrb. v. Veessenmeyer, ix. 1. ^q Ibid., 3. 4. ^r Allg.
h. Ztg., xxv. 282. ^s Ibid., xxvii. 136.

velopment of potency takes place. He speaks of the 3rd, 6th, 12th, 30th *degree of division*, and insists that this term should be employed, if we would avoid all dubiety of expression.

An anonymous writer[†] favours us with his opinion on the subject, and he dashes at the subject in a bold and original fashion. He says "he will have nothing but distinctly cognizable, clear principles, and won't hear of analogies, similarities, dynamizations, high potencies, arithmetical calculations, millionths, billionths, and the like, which serve but to wrap the subject in a veil of mystery." The gist of the whole question is, he says, whether homœopathy introduces dead or living matter into the organism. He alleges, without proof, however, that the process of trituration produces in the substance so triturated a lively molecular movement; this he calls vivifying it, and the substance so vivified acts upon the living organism by virtue of its vivified state. Hence, he says, the peculiar efficacy of homœopathic preparations consists in this, that *life* is made to act on *life*. However, he shows his ignorance of the technicalities of the system, for he refers only to the trituration of substances in water, a procedure which has never been adopted with regard to our medicaments, and would be totally inapplicable to some of our remedies on chemical grounds. Moreover, this supposition of his, granted it were so far correct, does not explain the powerful action of untrituated substances, such as pure tinctures, solutions of salts, etc. I may, however, remind you that in the account I gave you in my last lecture of Mayrhofer's microscopical investigations, a lively molecular motion was noticed in the atoms of one of the subjects of his observations. This view of the dynamization-theory may be placed in the same category with that broached in the ninth volume of the *British Journal of Homœopathy* by another *dilettante*, where the homœopathic processes are said to develop the *od-force*, and that it is by means of this mysterious agency that the homœopathic medicines act.

[†] Allg. h. Ztg., xxvii. 265.

Our old friend Dr. Gross, whose *cacoëthes scribendi* played him many a scurvy trick, conjoined as it was with a thirst for novelty that induced him to lend the sanction of his pen by turns to every innovation that was ever introduced into the homœopathic theory and practice, and whose mystic mind led him to prefer the recondite and mysterious to the palpable and the practical—Dr. Gross, I say, could scarcely fail to deliver many oracular utterances on the subject of the dynamization-theory, and in doing so to contradict himself and darken counsel with his would-be explanations, as effectually as though he had occupied the Delphic tripod. I cannot be expected to give you even an outline of all this hero has said upon the subject, so I shall content myself with merely calling your attention to his chief performances in relation to our subject. At first starting,* Dr. Gross declared his belief that Hahnemann's dynamization-theory was correct; he bids us beware of the apothecaries, for these gentlemen, by shaking the bottles too strongly, are apt to produce an inconveniently high dynamization; he declares that he himself has found the dilutions, from the shaking to which they are necessarily exposed in a long-continued use, grow ever stronger and stronger, and at length so excessively powerful that no patient could bear the very smallest globule, and it was found requisite at length to dilute still more, whereby, he pathetically remarks, we shall most likely have to go on diluting *ad infinitum*.

Later, Dr. Gross' seems to have fallen away from his first love for Hahnemann's doctrine, for he declares that the dynamization-theory, in the sense attached to it by Hahnemann, is not tenable, and that on this point all homœopaths were agreed. Many substances, he says, only become efficacious from being triturated; they were thereby rendered less material and more spiritual.

Subsequently,† he penitently returned to his first love, and acknowledged that the dynamization-theory of Hahnemann was true; "that the power of the medicine increased and only became developed when it was poten-

* Arch., ix. 3, 8.

† Allg. h. Ztg., xxii. 324.

‡ Ibid., xxvii. 157.

tized, *i. e.*, when its volume was diminished, when nothing material was any longer discernible in it.

Having thus fairly got over his transitory defection from the theory, he began to show his increased affection for it by exalting it to an importance that would have astonished and confounded Hahnemann himself, had he still been in the land of the living, but, fortunately for his peace of mind, he was spared the pain of witnessing the extravagances to which his doctrine would lead. The episode of Jenichen's high potencies and the enthusiasm with which Gross stood godfather to them, I alluded to in my last lecture. As nothing now could be too highly potentized for friend Gross, it is presumed he made the *amende honorable* to the apothecaries whom he had calumniated at the beginning of his career.

I have not alluded to all the vacillations of Gross's mind on the subject of the dynamization of medicines, but I have said enough to show the precise value of his opinion on the subject, which you may deduce from his contradictory statements. It did not require any very great length of time to make him alter his ideas completely. On one occasion, very shortly after stating that he quite agreed with Hahnemann that *drosera* shaken ten times was a highly dangerous medicine, and that he had experienced the same with respect to *euphrasia*,* he coolly states† that he is not of Hahnemann's opinion that fluid medicines can be further potentized by being carried about in the pocket, though formerly he had alleged that the unavoidable shaking during the ordinary use of dilutions increased their potency to an enormous degree.

Dr. Rummel‡ was originally a believer in the dynamization-theory of Hahnemann, and sought to explain the supposed increase of the potency of medicaments by the homœopathic pharmaceutic processes by the known laws of the expansive powers of certain natural forces, particularly electricity, magnetism, light, heat, sound, odours. The laws of expansive force that regulate the

* Arch., 12, 2.

† Allg. h. Ztg., ii. 31.

‡ Arch., vii. 2.

phenomena of these natural forces he lays down as the following:—

1. The direction of the expansive power is centrifugal ; it spreads, so to speak, in the mass.
2. Friction is the chief developer of its activity.
3. It can be propagated to another body that did not possess it.

4. It acts more or less beyond the limits of the body with which it was originally united.

5. The force of gravitation increases towards the central point. It is a question whether the expansive power increases in quadratic proportion with its distance from the central point, or whether it only increases in the celerity of its movements. All this, he says, we can only guess at, as we can only prove it with certainty as regards the action of medicinal powers upon the organism.

These laws Dr. Rummel very ingeniously attempts to impose upon the medicinal forces. He contends that Hahnemann's discovery of the dynamization of medicines by rubbing and shaking, would alone have sufficed to render him immortal, but I should be very sorry to ground his claims to immortality on any such questionable discovery.

From the first medicinal drop, he says, the medicinal power imparts itself to 100 drops of alcohol with which it is shaken up, uniformly and intimately, and any one drop of this dilution does the same with respect to another hundred drops of alcohol, and in this way it were possible to communicate the medicinal power of one drop of medicine to a whole ocean, but only in this way, and not by putting a drop into the Lake of Geneva, as has been sneeringly proposed. That friction is the chief or only method of awaking the slumbering powers is, says he, evident when we consider that many substances, which are perfectly inactive in their crude state, are rendered powerfully medicinal by its means. He cites gold, flint, charcoal. By this operation their medicinal power is transferred to the milk-sugar with which they are rubbed up; the milk-sugar is, as it were, infected by them. That rubbing and shaking are the means of

developing the medicinal power is shown by this, that homœopaths have found they must limit their succussions to two for each dilution, otherwise the power of the medicine is enormously increased. He mentions an instance where two globules of *calcareæ* 30 produced an itching eruption all over the body of an old woman, *in consequence* of each dilution having been prepared with six succussions in place of two! *Credat Judæus!* He instances also the terrific power of *drosera*, when shaken too often, in cases of whooping-cough. *Potentized dilutions* is the term he considers should be applied to the homœopathic preparations.

As my worthy friend Dr. Rummel is one of those homœopaths who have alternately defended and refuted almost every novelty of theory and practice in homœopathy, we should naturally expect that this doctrine of Hahnemann's, whose importance is so great as, he tells us, of itself to render Hahnemann worthy of immortality, should be alternately advocated and condemned by him. Accordingly we find that at a later period he gave up the notion of any potentizing power of trituration and succussion. In the teeth of his original views, he now says^a that nature furnishes us with no instance of an increase of potency being obtained by friction and succussion. He sees nothing resulting from these operations but a development of the slumbering power; and now proposes, as the most appropriate term for the homœopathic preparations, the word "refining" (*Verfeinerung*); formerly,^b to avoid all dubiety and to exclude all hypothesis, he had suggested the bare word No. (as No. 1, 3, 30, etc.) He sets his face against Gross's last extravagant notions on the subject of dynamization, though he admits the efficacy of the 200th and 400th "*Verfeinerung*,"^c in which he has seen marvellous things by means of the solar microscope, as stated in last lecture.

Dr. Kämpfer^d alleges that the strength or energy of the medicines becomes diminished in the dilutions, but with extreme slowness. He will not, however, allow

^a Allg. h. Ztg., xxviii. 262.

^c Ibid., xxix. 41.

^b Ibid., xxi. 180.

^d Ibid., xxiv. 11.

that this diminution takes place in the arithmetical ratio spoken of by Hahnemann. In spite, however, of this diminution of strength, the greater number of the dilutions of medicines are more rapid and more penetrating in their action on the organism; they display all the powers contained in them more completely and more extensively than undiluted medicines. In this way, the medicinal powers of silica, calcarea, carbon, sepia, etc., are increased by rubbing and diluting, whereas those of camphor, musk, etc., are diminished by the same processes. This peculiarity of medicinal dilutions he denominates "undeniable fact," but he denounces the extravagant and fantastic absurdities which its overstrained extension has given rise to.

Dr. Hartmann of Leipzig,^e well known to you by his excellent practical works, is totally opposed to the dynamization-theory. By the processes it makes use of, homœopathy only dilutes the medicines. The dynamic and the material together make up the *whole*, and the idea of separating the spiritual from the corporeal he thinks quite ridiculous, and contrary to the known phenomena of nature. He decidedly sets his face against the Korsakoff-Jenichen notion of high potencies.^f

Dr. Veith is not of opinion that the medicinal spirit can be freed from its material prison by means of "rapid dilution, cruel succussion, unmerciful trituration, and titanic dynamization." He says that the dynamization-theory is a new application of one of the doctrines of the Persian philosopher Zoroaster, viz., that concerning the alliance of the Ormuzd or superior being with the Feruars or spirit of everything. In every fractional quantity of medicine, the medicine is present as a whole, and not as a fragment.^g The doctrine of the transference of the power of the matter to an indifferent substance, like milk-sugar or alcohol, is, however, nothing more than the doctrine of the old Persian philosopher.

G. H. von Schubert, in his *History of the Soul*, speaks of the efficacy of small doses of medicines. He believes that an unseen world of forces forms the complement

^e Allg. hom. Ztg. ^f Acute Diseases (Hempel's trans.), i. 61. ^g Hyg., v. 443.

of the visible world; that the former manifests itself when the other, from lack of power, ceases to manifest itself. By attenuation the hidden soul of things is made to appear; and this, in the kingdom of so-called dead matter, is equivalent to animal magnetism in the living organism. This, it will be observed, is identical with what Veith tells us is the doctrine of Persian philosophy. Schubert further expresses his belief that the homœopathist acts, as it were, by means of a psychical agent immediately upon the psychical forces of the body, and, through them, on the grosser materiality of the organism. This idea, however, is unsatisfactory, because material and massive doses of homœopathic medicines also act quite well.

Dr. Griesselich^b says that there is no reason for supposing that the material of the medicine disappears, however high we may dilute, and he says there are two questions to be taken into consideration in reference to this subject, viz.:—

1. How far can the division of a grain or of any other portion of a medicine be carried, so that it shall no longer be appreciable to our methods of investigation?

2. How does such a particle or fraction act in reference to our organism?

The first, he says, is a question for physical science to answer, the last belongs to the domain of physiology, and both questions can only be answered in their respective departments of science.

It is, he says, unworthy of the present state of science to talk of a separation of a substance from the force united to it, for the two essentially constitute but one. Accordingly, it is idle phraseology to talk of a digitalis, a silicea, a belladonna, etc. power, which has no material substratum. The great forces of nature, such as electricity, magnetism, light, heat, etc., are totally different in their nature, and admit of no comparison with medicinal substances. Thus there can be no doubt that the odour of musk that affects our olfactory nerves is musk

^b Handbuch, v. 208.

itself, and not musk-power separated from the material. In like manner we have every reason to suppose that the dose of medicine, be it ever so small, which displays its action on the organism, still contains a material portion of the medicine. All notion of a transference of medicinal power to water, spirit, milk-sugar, or beer (Hahnemann's original vehicle) is mysticism, unproven and unprovable.

It is not, he says, the mission of homœopathy to cause the general recognition of dynamization and the overthrow of materialism, but to show both, divested of the empty phraseology and wordy disputations of the schools, as an organic unity. By this mode of viewing the matter, the scholastic strife betwixt two sects must cease, each of which alleged that it alone was in possession of the truth; and stupidities of these kinds, on the one hand the assertion that the 30th dilution is stronger than the 15th, and on the other the grossly quantitative therapeutics of the new chemical school, when examined by the light of reason and common sense, are seen to be totally unworthy of any support.

Dr. Griesselich then makes the following deductions, from a careful consideration of every side of the question :—

1. There are, says he, chiefly two different classes of substances to be considered.

a. Those which in undiluted form, *e. g.*, as powder, tincture, infusion, etc., display their whole efficacy.

b. Those others which in their crude state display no visible action on the organism.

2. In reference to the first class, the object of dilutions is to render their form milder; with the diminution of the dose we make them, as it were, more amicably disposed towards the organism, whereas in their crude state as poisons they were inimical to it. Here there is no question of an increase of power, of potentizing, since it can never be our object to increase the action of arsenic, belladonna, etc.

3. On the other hand, with respect to the second class of medicaments, our object in their subdivision is to break up the crude mass in such a manner that it shall

offer many points of contact to the organism; this is the case as regards the earths and the metals.

4. In this last case we may be allowed to talk of the liberation and development of the medicinal power by trituration, but we do not thereby create anything that was not previously existent in the substance; for in its smallest fraction this substance remains the same as it was originally.

5. As all our further processes in the preparation of our medicines with milk-sugar, water, or alcohol are a dilution or diminution of the mass originally used, it is obvious that the expression originally employed by Hahnemann to indicate such preparations, viz., "dilutions," is the right and the natural one, and, at the same time, the one least liable to misapprehension.

6. It is inadvisable to employ terms indicative of the supposed quantity, as billionths, trillionths, decillionths, etc., or, in reference to the potentizing or dynamizing notion, to talk of the millionth potency and the like.

7. All analogies of medicinal qualities with the so-called imponderable and infectious agents, all notions of infection of the vehicle with medicinal power, all calculations respecting the action of medicines according to mathematical laws, all fables concerning the solubility of insoluble substances by means of the homœopathic pharmaceutic processes, all these have no foundation in fact.

8. It is a remarkable circumstance that the organism possesses a susceptibility for very minutely divided medicinal fractions, but this susceptibility is very various. It is probable that there are minima of medicines that may be taken into the organism and have no action at all upon it, still we are not in a condition to fix the limits of this active power; but we have no right to say that the susceptibility of the organism for medicinal influence is illimitable.

9. To sum up. The essence of the dynamization-theory may be referred to these two circumstances:—

a. That the medicine is presented to the organism in a state which offers the greatest prospect of causing it to act.

b. That the greatest possible action is developed by the smallest quantity.

Dr. Joslin, in his *Lectures on Homœopathy*, refers the increase of power observed to result from the trituration of certain substances with a non-medicinal vehicle to the greater comminution they thereby undergo. "If," says he, "any coarse and dry substance is triturated by itself, it will continue to be permanently divided and subdivided to a certain but limited extent; for beyond that, the blow would either leave the parts so near each other that they would instantly reunite by the power of the cohesive forces and again become one solid body, or it would drive these newly-separated parts against others or against each other, and effect their union by bringing them within the sphere of cohesion." But, he goes on to say, suppose a grain of this triturated substance to be triturated with ninety-nine grains of milk-sugar, and to be uniformly mixed with it before commencing trituration, in that case each particle of the drug is surrounded by ninety-nine times its bulk of milk-sugar, and when trituration is now performed a much more minute division of the drug is effected than could have been by triturating it ever so long by itself. And so on for each successive trituration, the comminution of the drug is thereby infinitely increased.

I should, I fear, weary you if I were to present to you the views of any more of the authors who have written, some voluminously, on this subject. It is perhaps sufficient to state that I have waded through most of the wordy articles that have been written upon the subject, scattered up and down the homœopathic literature, and have found nothing better than the specimens I have just brought before you. In the abstracts I have presented you with, some of which have given me an amount of trouble disproportionate to their worth, as their authors seemed to take a pleasure in enveloping their few ideas in an almost impenetrable covering of vapid phrases, as nature wraps up some nuts in such tough husks that the labour of getting through them is not or scarcely repaid by the sweetness of the kernel—in these abstracts, I say, I have given you every possible

variety of view upon the subject of the dynamization-theory, and if I have left out some authorities, it is because their notions are mere repetitions of what had previously been expressed. Before concluding this subject, I shall briefly sum up with my own views upon the matter, and leave you to form your deductions as to the truth or otherwise of the dynamization-theory, which occupies so large a space in the Hahnemannian system.

There are, as Griesselich rightly observes, two entirely different classes of medicines to be taken into consideration, viz., such as have a powerful action in their crude state, and such as exhibit little or no action on the organism in that state.

Again, as regards the first, if not both these classes of medicines, we are to bear in mind that medicaments (as well pointed out by Dr. Madden in an essay on the different actions of medicines, in the eighth volume of the *British Journal of Homœopathy*, to which I invite your attention), have two entirely different actions. 1. An action of a merely irritant character, exhibited when the medicine is given in grossly material doses; and 2, beyond this irritant action a more specific action. These two actions are well exhibited in the case of the drug calomel, which, as you know, in large doses acts merely as a purge, but which, as the experiments of Dr. Law of Dublin have demonstrated to the allopathists particularly, and to the medical world generally, can develop its specific effects on the salivary glands if two grains be divided into twenty-four doses, and one of these twenty-fourth parts given every hour. As the object of the homœopathist is to avoid the irritant and to secure the specific action of powerful drugs, he attains this object by diminishing the dose to such an extent as to prevent the possibility of the occurrence of the irritant action. Hahnemann found that by so diminishing the dose as that all irritant action was avoided, the specific action of the medicine was remarkably increased, and in place of ascribing this to the real cause, he conceived that his processes for the diminution of the drug were actually accompanied by a development of new and increased powers in the drug itself; and this

circumstance, together with the fact that the diseased organism is susceptible to the action of very small quantities indeed of a medicine homœopathic to its morbid state, was partly the occasion of the origin of that marvellous mixture of error and truth—the dynamization-theory. Another circumstance that contributed to the same result was the fact that many substances, without action on the organism in their crude state, become, when sufficiently subdivided, capable of influencing the organism. That, however, the processes resorted to for their subdivision do not partake of the impossible and unphilosophical character of a separation of the properties from the substance of which they are the attributes is confirmed, as far as microscopy can do so, by the beautiful observations of Mayrhofer. It is, however, doubtful if Mayrhofer's observations are conclusive against the solution of those substances we commonly regard as insoluble, as Griesselich and others seem to suppose, for it is evident his investigations could only detect particles of the metals that were undissolved; had any particles been dissolved, the mere fact of their solution would have removed them beyond the sphere of microscopical investigation.

It is obvious that substances that are non-medicinal in their crude state are rendered capable of acting on the organism by long-continued trituration, but whether this depends on an actual solution of them when reduced beyond a certain point of exiguity, or whether they are merely suspended in the vehicle with which they are mixed, and the particles thus suspended are so minute as to be able, by reason of their minuteness, to act upon the organism, seems at first sight an indifferent matter, but it is not so in reality; for if there is no solution, but a mere suspension of particles, the number of these particles must decrease a hundred-fold with every successive dilution, and were we to suppose them ever so numerous when we first began to attenuate, it will not require many centesimal dilutions to make the particles disappear entirely from the diluting vehicle. Thus supposing a grain of the third trituration to contain a billion of particles of a metal, and this to be added to one hundred

drops of spirit, this, which we call the 4th dilution, will accordingly contain one billion particles. The next, the 5th dilution, will only contain one thousand million particles, the 6th ten million particles, the 7th one hundred thousand, the 8th one thousand, the 9th ten, and the 10th none at all, unless one or two luckless individuals from among these poor ten particles managed to get into the drop we let fall into the 10th dilution; of course, there is no question of any particles at all, under such circumstances, at the 11th or 12th dilutions. If we suppose even a trillion of particles to exist in the 4th dilution, this would only remove the vanishing point of the medicine three dilutions farther off, and it would not require any very profound calculation to show that the particles of a grain of medicine, divided into a trillion of equal parts, could not be visible by any microscope yet formed by man; indeed, a billion of equal particles is the very outside number we can allow to exist in the 3rd trituration, so that they should still be visible under the microscope, as represented in Dr. Mayrhofer's lithographs. Under these circumstances, we must take leave respectfully to doubt Dr. Mayrhofer's statement when he says he detected particles of the metals as high as the 12th and 14th dilutions, and rather believe him to have been deceived than attach credence to a physical impossibility. As, then, attenuations of metals are efficacious beyond the 12th dilution, this is a proof that the process employed, viz., long-continued trituration, must put the metal in a condition to be actually dissolved in the fluid medicine with which it is mingled for the subsequent attenuations. The notion of a separation of the medicinal properties from the material medicine, and their transference to non-medicinal substances and fluids, is untenable; as well might we suppose the elasticity, density, or whiteness of ivory to be transferable to another substance. Certain facts would seem to show that what we call insoluble substances are not all so insoluble as they are considered, thus silica is found dissolved in appreciable quantities in certain natural mineral waters; calcarea or chalk is certainly slightly soluble in water, considerably so in water im-

pregnated with carbonic acid; sulphur we acknowledge to be soluble in spirit when presented to that fluid in the form of flowers of sulphur. A stick of sulphur even communicates a certain taste to water, and has long been popularly used as a remedy for certain affections of dogs in that form; and many of the metals dipped in water, in the form of solid plates, communicate an appreciable taste to the water. Such being the case, it is not very extravagant to suppose that when comminuted to the extremest degree by three hours of trituration, these metals, whose solubility in the solid state is ascertained by the grossest of our senses, may be rendered still more soluble by such trituration. Now, as regards a soluble substance, there is no conceivable limit to its subdivision; we have no reason to suppose that it does not become equally diffused through any amount of the solvent with which it may be mixed by vigorous shaking, and though I would never adduce this as a reason for giving medicine in extremely high attenuations, I would not hesitate to avow that it is an argument in favour of the highest dilutions still containing some of the original medicine; but experience must be interrogated as to whether the *little some* will act better or worse than the larger portion in the lower dilutions on the living organism. That, however, is a question to be considered in my next lecture. I shall conclude this by summing up in brief the facts which I consider have led to the notion of a dynamization or increase of potency in medicinal substances by their dilution.

1. The total inactivity of certain substances, as the metals, charcoal, etc., in the crude or solid state, and their power of influencing the organism when extremely subdivided, or perhaps dissolved, and probably combined during the processes with oxygen.

2. The irritant, or, as Dr. Madden has it, the *genico-dynamic* action of grosser quantities of active medicinal substances, and their totally different, specific or *idio-dynamic*, action when given in such small quantities as not to cause their irritant action.

3. The hyper-sensitiveness of morbidly affected parts of the organism for the natural specific stimuli of those parts.

In these three maxims will be found, I believe, all the truth that lies at the bottom of the dynamization-theory, and while I deny that there is any absolute increase of power in the preparations attenuated by the homœopathic therapeutic processes, I am free to confess there is often a relative increase in their power, as far as the organism, and more especially as far as the diseased organism, is concerned ; and the dilution of the medicines is rendered necessary, inasmuch as the aim and object of the practitioner is to produce the specific action of the medicine on the more internal parts of the organism, and not its irritant effects on the more external parts, or *primæ viæ*. It is probable that this specific action I have alluded to is obtained by the absorption of the medicine, which is possible when the irritant action is avoided, but impossible when that grossly irritant action is called into play, as the medicine cannot then be absorbed, but is rejected by the parts with which it first comes into contact, and expelled from the body as speedily as possible.

LECTURE XIV.

HOMŒOPATHIC POSOLOGY.

IN this and the next lecture it will be my endeavour to lay before you the principal opinions that have been expressed by Hahnemann and his disciples relative to the quantity of medicine requisite to be administered in diseases, and to ascertain if there is any rule to guide us in the selection of the appropriate dose for each individual case; or, supposing no such rule can be found, if experience teaches us that there is one uniform appropriate dose for each medicine and for every disease, or that some forms or cases of disease are most appropriately treated with larger, others with smaller doses.

And as I have proceeded in the case of the other doctrinal points of the homœopathic system, so I shall commence my inquiry into the present question, by laying before you a historical exposition of Hahnemann's opinions and practice on the subject.

In one of Hahnemann's earliest works, that, namely, *On the Nature and Treatment of Venereal Diseases*, published in 1786, accordingly long before he had any notion of a general therapeutic rule for the employment of remedies in disease, long before he had thought of any of those pharmaceutic processes that he subsequently held to increase the potency of the drug, and long before he thought it necessary, for the sake of obtaining a uniformity of result, to advise one uniform dose for all medicines in all diseases—in this work, I say, we already find some peculiarities in reference to the doses of medicine he prescribed, especially in reference to the dose of the new preparation of mercury, to which his name is attached. It is well known that about the time when Hahnemann wrote this work, towards the end of the last century, the common treatment of syphilis consisted

in giving enormous and repeated doses of mercury, so as to bring the system, as it was thought, as quickly as possible under the influence of this drug, which influence was believed to be only duly exerted when the patient presented those well-known but now happily more rarely seen symptoms of mercurial poisoning—salivation, spongy gums, fœtid breath, swollen tongue, glandular enlargements, extremely febrile and wasted condition, racking pains in the bones, etc. etc.

Hahnemann's treatment offers a very remarkable contrast to this heroic practice. He tells us that for the complete eradication of lues venerea, he has sometimes not had occasion to give more than one grain of his soluble mercury, and that the average quantity he requires for the treatment of moderately severe syphilis is not more than eight grains. He here talks of half a grain, of one, two, and three grains of this mercurial preparation as large doses, and the doses he commonly employs are a quarter, third, half, three-quarters, and one grain of the remedy. These comparatively small doses which he at this period prescribed, though they relate but to one medicine and to one disease, seem, however, to show the tendency of his mind to rebel against the enormous doses of ordinary practice, and to adopt a posology more in accordance with that maxim of practice, to give a remedy in doses sufficient to produce its curative but not its pathogenetic action.

In Hahnemann's earlier essays on his new therapeutic principle we do not, however, find that he carried out the principle he had in his allopathic days laid down with respect to the administration of mercury in syphilis to other medicaments and other diseases. On the contrary, we find that his doses, even after his recognition of the great principle with which his name is for ever connected, differed little, if at all, from those in common use. Thus, in his first homœopathic essay,¹ published in 1796, that is to say, six years after those experiments of his with bark, which led to the discovery of the homœopathic law, we find him prescribing *arnica root*

¹ Lesser Writings, p. 295 et seq.

in powder for dysentery, in the following doses: to children of four years of age he gave at first four grains daily, then seven, eight, and nine grains daily; for children of six or seven years old, he began with six grains, and gradually increased the dose to twelve and fourteen grains; to a child of three quarters of a year old he gave first two grains, and afterwards increased the quantity to six grains. An infusion of ten grains of *ledum palustre* is, he says, a sufficient dose for a child six years old. Three grains of *veratrum album*, every morning for four weeks, was the dose he prescribed, and with which he cured a case of severe spasmodic asthma. For a case of delirium after parturition he prescribed with success two doses of *veratrum*, of half a grain each, during the day. The following year,¹ 1797, we find him giving *veratrum* for a case of colicodynia, in doses of four grains once a day. The same year we learn from another essay^k that his doses were—of *ipecacuanha* five grains, of *submuriate of antimony* and *sulphate of copper* a quarter of a grain, of *nux vomica* four grains twice a day.

In two other essays,^l written the following year, we find the doses prescribed by Hahnemann equal to those in ordinary use. Thus he gave *ignatia* every twelve hours, to children from nine months to three years old, a half to two-thirds of a grain; from four to six years, one to one and a half grain; from seven to twelve years, two to three grains; to an adult, as much as eight grains for a dose. *Opium* he prescribed in doses of one-fifth of a grain to a child of five years; three-tenths of a grain to children of seven and eight years; seven-twentieths of a grain to one of ten years; to an adult half a grain. *Camphor* he considered he was using cautiously when he gave it to adults in doses from fifteen to twenty grains per diem, but he found it necessary to increase the dose to thirty and forty grains. This medicine he gave to a child of twelve, in the dose of fifteen grains a day for a fortnight. *Ledum palustre* he employed in the dose of six or seven grains three times a day. *Cinchona bark* he gave in drachm and half-drachm doses.

¹ Lesser Writings, p. 353.^k Ibid., p. 360.^l Ibid., pp. 382, 395.

In his essay *On the Cure and Prevention of Scarlet Fever*,^m published in 1801, but referring to his treatment in 1799, we have the first indications of the infinitesimal posology which is now vulgarly looked upon as forming an essential part of the homœopathic system. The preparation of *opium* he there recommends for the treatment of scarlet fever is prepared by adding one part of pulverized opium to twenty parts of weak alcohol, letting it stand in a cool place for a week and shaking it occasionally to promote the solution. A drop of this tincture is to be added to five hundred drops of diluted alcohol, and well shaken; and of this last, one drop is added to other five hundred drops of alcohol. Of this diluted tincture, which contains in every drop the five-millionth part of a grain of opium, one drop sufficed for a child of four years of age, and two drops for one of ten years. For still younger children, one drop of this dilution was mixed with ten teaspoonfuls of water, and one, two, or more spoonfuls given.

The mode in which Hahnemann exhibited another remedy for scarlet fever he recommends in this essay, viz., *ipecacuanha*, was as follows:—A tincture was prepared by digesting in the cold for some days one part of *ipecacuanha* with twenty parts of alcohol, and of this tincture one drop was mixed with one hundred drops of diluted alcohol; for very young children, one drop of this dilution, containing the two-thousandth part of a grain of the medicine, was enough; older children got more drops, up to ten drops, or the two-hundredth part of a grain, for a dose.

For the cure of the first stage of scarlet fever, the dose of *belladonna* prescribed was only the 432,000th part of a grain of the extract, a quantity intermediate betwixt our 2nd and 3rd dilutions. For prophylactic purposes the preparation of *belladonna* used was thus made:—A grain of the powdered extract was mixed up in a mortar with one hundred drops of distilled water; three hundred drops of diluted alcohol were then added, and the whole well shaken up in a bottle. One drop

^m Lesser Writings, p. 425.

of this strong solution was added to three hundred drops of diluted alcohol and shaken for a minute, and of this one drop was added to two hundred drops of alcohol, and this again shaken for a minute. Each drop of this last solution, which is the prophylactic preparation, contains accordingly the twenty-four millionth part of a grain of extract of *belladonna*; accordingly, twenty-four drops of it are equal to one drop of the 3rd dilution of the so-called centesimal scale.

Of this weak solution of *belladonna* Hahnemann recommends us to give—to a child below one year, one drop; to a child of one year old, two drops; to one of two years, three drops; to one of three years, four drops; to one of four years, five or six drops; to one of five years, six or seven drops; to one of six years, seven or eight drops; seven years, nine or ten drops; eight years, eleven to thirteen drops; nine years, fourteen to sixteen; and with each successive year up to the twentieth, two drops more; from the twentieth to the thirtieth year, not above forty drops; to each a dose every seventy-two hours (as the action of *belladonna*, he alleges, only lasts three days), well stirred with a teaspoon in any kind of drink, as long as the epidemic lasts, and for four or five weeks thereafter.

Half of the dose recommended as a prophylactic, given every three hours, will, he says, often suffice to suppress the scarlet fever in its first germ. For some of the after-sufferings of scarlet fever, the same doses of *belladonna* recommended for prophylactic purposes, given frequently, are recommended.

The dose of *chamomilla* for some of the after-sufferings of scarlatina, and its preparation, differed somewhat from that of *belladonna*. One grain of the dry extract was dissolved in five hundred drops of water and five drops of alcohol, and of this solution one drop was mixed with eight hundred drops of diluted alcohol. A drop of this, containing the 800,000th part of a grain of the extract, was the dose for a child of a few years old; two drops for one of ten years, and so forth.

Such, then, were the first infinitesimal doses mentioned by Hahnemann in his works. We cannot fail to

be struck with the sudden transition from the massive doses he prescribed in 1798 to the unheard-of minuteness of his doses only one year later, and we can but guess the causes for this sudden and extreme change. He nowhere assigns any reasons for this abrupt transition, and still less does he give us any details respecting the steps by which he descended from the massive doses we saw him administering in 1798 to the real infinitesimals of 1799.

In this paper on scarlatina he indeed says, respecting opium, that larger doses than those he prescribes occasion raving, hiccough, peevishness, weeping, etc., but he does not state how much larger they must be to have these awkward effects.

You will recollect that in my introductory lecture I mentioned that it was about this time, viz., in 1799, that the persecution of the apothecaries began, and it was probably a desire to evade their harassing annoyance that led Hahnemann to try if, on diminishing the dose to such an extent that it was beyond the ken of chemical or other research, the medicine still possessed the power of influencing the organism. No doubt he was encouraged to make those experiments by certain analogies that must have presented themselves to his mind, and particularly by the theoretical views he began at this time to entertain respecting the purely dynamic character of diseases; but these of themselves would hardly, one would think, have sufficed to make him drop so suddenly from grains to millionths of grains. Having, however, from whatever cause, found that these infinitesimal quantities did act, and that more certainly and effectually than the grosser doses, he was not slow of adopting them, and he soon began to find reasons for their superiority in medicinal power; and as we saw in my last lecture but one, he ascribes in this very essay great virtues to the process of succussion in the preparation of the dilutions, as a means of making the medicine present more points of contact to the living organism.

It was but natural to expect that practice so extraordinary and doses so minute should be strongly commented on by his allopathic colleagues. This was ac-

cordingly the case. Among others, Hahnemann's friend Hufeland demanded a public reply to the objections formally made to this new posology. Hahnemann was not long in giving the replyⁿ so imperatively called for; but I should be stating what is contrary to the fact if I said that this reply gives any satisfactory solution of the question that now interests us, viz., how it was that Hahnemann fell so suddenly, as it would seem, from palpable grain and scruple doses of medicines to ten-thousandths, hundred-thousandths, and millionths of a grain.

In the article I allude to as being the reply to the question of Hufeland, Hahnemann refers to the greater power of medicines in solution than in the hard dry state, to the more severe effects developed by giving the same quantity in divided doses, to the greater susceptibility of the diseased organism for its medicinal stimulus, but he does not mention what it was that produced the violent and complete revolution in his own posological notions. We are, after all, then, only left to infer the reasons for this sudden change. These reasons I conceive to be as follows:—

1. An observation of the greater power of a medicine when given in solution than when taken in the dry state.

2. An observation of the greater power of a certain quantity of medicine when given in divided doses than all at once.

3. An observation of the greater susceptibility of the diseased organism for the medicine having a special or homœopathic relation to the affected part or parts.

4. Some still obscure notions with regard to the increase in power of a medicine by thorough admixture of it with a non-medicinal vehicle, by means of succussion—a foreshadowing of the dynamization-theory.

5. A desire to avoid aggravation of the disease by the larger doses; for he says, if any aggravations occur during the use of a small dose they will not last long, and are easily removable by some antidote.

6. A desire to evade the persecutions of the apothecary.

caries, who had begun to institute legal proceedings against him for infringing on their privileges by dispensing his own medicaments.

That he was not successful in evading the penalty against the infraction of the apothecaries' privileges by this manœuvre, his sudden flight from Königsutter to Hamburg and his fierce tirade against the apothecary system a few years later, in his *Æsculapius in the Balance*,^o amply testify.

These considerations, and probably others of which we are ignorant, no doubt induced Hahnemann to diminish his doses with considerable rapidity; and finding that his medicines still acted, though removed beyond the reach of chemical analysis, he adopted such minute doses as his rule, whereby this advantage was obtained—that the dose was not sufficient to cause any disagreeable or dangerous effects, an advantage not attached to the large doses of the old school, which he formerly employed; and this end was gained—that his enemies, the apothecaries, could not prove that the white powder he administered contained any medicinal substance whatever.

In the essay to which I have just referred, that, namely, where he replies to Hufeland's question relative to the action of very minute doses, he gives us some rules for the selection of the appropriate dose for different diseases, which are worth recording.

"The nearer the disease approaches the acute character," says he, "the smaller are the doses of the medicine it requires in order to disappear. Chronic diseases also, combined with debility and general derangement of the health, do not require larger ones. It is only in cases where, along with a local affection, the general health seems to be good, that we must proceed from the at first small doses to larger ones; to the very largest, however, in those cases where the medicine can only act in a palliative manner."^p

The rules laid down at this period are, we see, as follows:—

^o Lesser Writings, p. 402.

^p Ibid., p. 446.

1. In the most acute diseases, and in chronic diseases combined with debility, in which the general derangement of the organism is obvious, the smallest doses are to be given.

2. These smallest doses are equivalent, in the amount of medicinal substance they contain, to the 2nd and 3rd dilutions of the ordinary or centesimal scale.

3. In what are called local diseases—those chronic diseases, to wit, where the morbid affection is localized and the general system does not seem to be much implicated—the doses must be gradually increased in strength.

4. It does not appear what Hahnemann understood by these stronger doses, but as he wrote for the ordinary practitioners, in a journal of general medicine, I presume he meant by this expression such doses as were commonly in use.

5. It is evident that at this time he did not contemplate the exclusive treatment of diseases by means of specific or homœopathic medicines, but that he admitted the propriety of the palliative or antipathic treatment in certain cases, and that for such treatment he considered the very largest doses used in ordinary practice to be necessary.

The next work of Hahnemann's where the subject of the dose is touched upon is that remarkable essay, the forerunner of the *Organon*, entitled the *Medicine of Experience*. He there says:—

“A medicine of a positive and curative character may, without any fault on its part, do just the opposite of what it ought, if given in too large a dose; in that case it produces a greater disease than that already present.”

He illustrates this by the various effects of different degrees of cold and of heat, applied on homœopathic and antipathic principles.

Although he does not define in this essay what quantity he means by the small doses he speaks of, it is evident he implies doses of extreme minuteness, for he says the *smallest possible* dose suffices; and “as the sole condition necessary for the full and helpful action of the

remedy is that it should come in contact with the susceptible living fibre, it is of little or no importance how small the dose is."

As an illustration of this, he says that if a certain quantity of diluted tincture of opium will remove a certain array of morbid symptoms, the hundredth or thousandth part of that quantity suffices almost equally well, and the diminution may even be carried much farther without the medicine losing its effect. He now tells us that the action of the medicine is almost *spiritual*, and therefore gives us to infer that no material portion of it is required. As he talks in this essay of giving opium in doses a million times less than those in ordinary use, it is probable that he meant by the smallest possible dose one not exceeding in minuteness what we now understand by the 3rd or 4th dilutions. It is, however, not probable that he confined his doses to these very minute quantities; indeed, we shall presently find that ten years and more after this he gave medicines in appreciable quantities.

In his letter to Hufeland, published in 1808, he alludes to the quantity of medicine required by the homœopathist as being incredibly small,* but beyond this vague expression we have no clue in this letter for determining how small those doses were.

In the first edition of the *Organon*, which appeared in 1810, Hahnemann speaks much to the same effect. He there says that "scarcely any dose of the homœopathically selected remedy can be so small as not to be stronger than the natural disease, and not capable of overcoming it." Again, he says "the smallest doses are always equal to the disease." In this edition of the *Organon* we have no distinct directions as to the doses actually used, as to what these smallest doses were; but in an essay published the year previous to the publication of the *Organon* we find the strength of the dose more precisely indicated. The essay I allude to is entitled *On the Prevailing Fever*.† After giving an excellent and minute description of a severe epidemic of a typical

* Lesser Writings, p. 590.

† Ibid., p. 628.

fever that prevailed over a large tract of Germany in 1808-9, he recommends for its treatment *nux vomica* of the 9th dilution, and *arsenic* of the 18th dilution. He gives excellent indications for the employment of each of these two drugs, and the whole essay is well worth your careful perusal.

In the *Spirit of the Homœopathic Doctrine*, first published in 1813, there is some allusion to the dose of the remedy. It is here stated that the smallest dose is sufficient, and that a greater one is not necessary, "because the spiritual power of the medicine does not in this instance accomplish its object by means of quantity, but by quality or dynamic fitness,"[†] and a larger dose does not cure the disease better, but leaves behind it a complex medicinal disease. Here, then, the reason for giving the small dose is that the larger one is apt to produce accessory medicinal symptoms. It is again hinted at in this paper that the more acute the disease, the smaller should be the dose of the remedy.

In an essay[‡] published in the following year, viz., 1814, containing instructions for the treatment of a fatal epidemic of typhus or hospital fever, occasioned by the extensive warlike operations then prevailing all over Germany, and notably by the disorderly retreat of the French army from Russia, he recommends the employment of *bryonia* and *rhus toxicodendron*, each in the 12th dilution, prepared, not according to the centesimal scale, but in the proportion of one drop to six drachms, or 1 to 360, which would make this 12th dilution equal to between the 15th and 16th dilutions of the centesimal scale. Each dilution he directs to be shaken for three minutes at a time. A single drop of each of these medicines in this state of attenuation is directed to be given for a dose. "Neither of them," he observes, "can be used in a lower dilution or in a larger dose; they are too strong."

Hyoscyamus is directed to be used for some states of this fever in the 8th dilution, prepared after the fashion I have described, which will be about equivalent to the ordinary 10th dilution in point of strength.

[†] Lesser Writings, p. 710.

[‡] Ibid., p. 712.

¶ Ibid., p. 714.

Sweet spirit of nitre, which is also indicated in certain conditions of this disease, he directs to be given thus:—One drop is to be mingled with an ounce of water, and this given by teaspoonfuls, so as to be all taken within the twenty-four hours.

Hahnemann has given us specimens of his practice towards the end of 1815, by detailing the histories of two cases of gastric affections he treated at that time.* The doses he gave of each of the medicines he prescribed were very different. To the first, he gave a drop of the pure juice of *bryonia-root*, and to the other, half a drop of *pulsatilla* in the 12th dilution.

In a curious paper he published in 1816, *On the Treatment of the Venereal Disease*,^x he advises for the cure of such cases as have been mismanaged by the old treatment, his preparation of mercury to be given until the development of certain symptoms peculiar to the action of mercury, “but among which,” he says, “neither salivation, nor toothache, nor ulcers of the mouth, nor pains in the bowels, nor diarrhœa are to be found.”† He does not say what are the symptoms we ought to produce, but as in this essay he constantly refers approvingly to his greater work *On Venereal Diseases*, published in 1789, and as he there tells us what symptoms we must produce in order to be sure of the sufficient action of the mercury, we must presume, in the absence of more explicit directions, that the state there described is what he alludes to in this later essay. On referring to this work, then, we find that the mercurial symptoms that should be developed, in order that we may be assured of the sufficient action of the metal, consist of what he terms the *mercurial fever*—a state characterised by symptoms of considerable severity, and which cannot be produced without the administration of mercury in appreciable doses.[‡]

In a short article, written in 1819, *On the Treatment of Suicidal Mania*,[§] the dose of *gold* he recommends is the 6th dilution or trituration. In the first edition of the *Materia Medica* (vol. iv.), published shortly before, or

* Lesser Writings, p. 861.

† Ibid., p. 77.

x Ibid., p. 728.

‡ Ibid., p. 781.

‡ Ibid., p. 742.

perhaps after, this time, he counsels the administration of gold in similar cases, in doses of the 1st and 2nd trituration. In 1825 he advises the 12th dilution to be given.

In 1821 he advises for the treatment of purpura miliaris, which was then raging epidemically, *aconite* in the 24th dilution, and *coffea* in the 3rd dilution.^b

It may be interesting to quote from the second edition of the third, fourth, fifth, and sixth volumes of his *Pure Materia Medica* the doses in which he directs the various medicines to be given. These volumes were published betwixt 1825 and 1827. The last edition of the first and second volumes was published after the invention of the psora-theory, which we shall presently find had a revolutionary effect on Hahnemann's posology.

In the third and fourth volumes, published in 1825, the following are the doses prescribed of the medicines contained in these volumes:—

Digitalis is directed to be given in the 15th or 30th dilution. *Ledum* in the 15th dilution.

Ohm., *chin.*, *verat.*, *hyos.*, *aurum*, in the 12th dilution.

Stramonium in the 9th dilution.

Ipecacuanha in the 3rd dilution.

Hepar sulphuris in the 3rd trituration.

Sulphur and *argentum* in the 2nd trituration.

Ruta in a dose equal to ten drops of the 2nd dilution.

Squilla in the 1st dilution.

Guaiac and *sarsaparilla* in the mother-tincture.

Camphor in doses of one-eighth of a grain, at short intervals.

The doses for *hellebore*, *conium*, and *chelidonium* are not indicated; probably the mother-tincture of these was employed.

In the fourth volume, published in 1826, *thuja*, *spigelia*, and *staphisagria* are directed to be used in the 30th dilution.

Phosphoric acid in the 9th dilution.

Cyclamen and *muriatic acid* in the 3rd dilution.

Euphrasia, *menyanthes*, *calcareae acetica*, and *taraxacum* in the mother-tincture.

^b Lessar Writings, p. 782.

In the sixth volume, published in 1827, *manganese*, *cicuta*, and *drosera* are directed to be given in the 30th dilution.

Colocynth in from the 24th to the 30th dilutions.

Asarum in the 12th and 15th dilutions.

Capsicum in the 9th.

Angustura in the 6th.

Ambra, *carbo veg.*, *carbo anim.*, and *stannum* in the 3rd trituration. Of *carb. veg.*, he says it is not advisable to go beyond the 3rd, and of *stannum*, that he formerly used to employ the 6th, but he now finds the 3rd quite sufficient.

Bismuth in the 2nd trituration.

Verbascum in the mother-tincture.

Spongia for goitre, in doses of a drop several times diluted, and for other purposes, in the 30th dilution.

At this period of Hahnemann's career then, viz., up to the year 1827, we find that the doses of the medicines he was in the habit of giving were very various, and that he did not show a constant tendency to diminish the dose, but occasionally went back to much more material quantities, guided in this either by experience or by the supposed character of the medicine, the disease, or the patient. Thus, whilst in 1814 we have seen him giving *bryonia* in the 15th attenuation for an epidemic typhus fever, in 1815 we find him prescribing the same medicine in the pure tincture for a gastric ailment. Whilst he advises *aurum* in the 6th dilution for suicidal mania in 1819, the following year he recommends the 1st trituration for the same disease. Again, we find him in 1827 advising *stannum* in the 3rd trituration, which he had previously directed to be given in the 6th. It is evident, then, that up to this period, viz., the year 1827, Hahnemann had no fixed standard for the dose of the medicine. In his petition to the authorities relative to the apothecaries' privileges, published in 1820, he attempts to fix a sort of standard, or rather maximum of the dose, when he says he does not acknowledge as his disciples any but those who give their medicines in such minute quantities that neither the senses nor chemical analysis shall be able to detect anything at all medi-

cinal in them.^c The doses of many of these substances, the list of which I have just read, which he recommended about, and for several years subsequent to, this date, do not, however, come under this category of undetectable quantities.

With the promulgation of the psora-theory, we notice a remarkable alteration in Hahnemann's ideas respecting posology. His former views relative to the necessity of giving different doses of medicines that differed from each other in point of strength, and of giving different doses to patients, the greater or less quantity of medicine proper for them being determined by the age, susceptibility, and disease of the patient—all these views are now lost sight of, and Hahnemann seeks to establish a uniform standard or regulation dose that shall be applicable to all diseases, all ages, and all susceptibilities.

Hahnemann now fixed upon the 30th dilution of the centesimal scale as the appropriate dilution for every remedy, and one globule, no bigger than a poppy-seed, imbibed with this dilution as the most appropriate dose. His object in selecting such a minute dose was partly founded on his notion that the smallest quantity of the medicine was more than a match for the disease, and partly, as he tell us in the fourth edition of the *Organon*, to diminish the action of the medicine as much as possible. He here loses sight altogether of the opinion elsewhere expressed, that by the diminution of the quantity the medicine is actually increased in potency; and in the first edition of the *Chronic Diseases* he remarks that thousands of warning experiments had at length convinced him that these very minute doses were the most appropriate, and at the same time he denies the utility of larger doses, and states that he never had obtained the true curative effect of the medicine until he arrived at this *diminution of the dose*. Nevertheless, in the same volume he states^d that though he had cured recent itch sometimes with one small dose of *sulphur*, yet he had once occasion to give half a grain of the 3rd trituration of *carbo vegetabilis*, in a family consisting

^c Lesser Writings, p. 789.

^d Ch. Kr., second edition, vol. i. p. 130, note.

of seven persons, and three times a similar preparation of *sepia*; these doses, he states, were "quite efficacious." How curious it is to observe that Hahnemann continually contradicts himself on almost every point of his doctrines and practice, and still more curious is it to notice that the contradiction is generally side by side with the opposite statement.

In the last edition of the *Organon*, published in 1833, he is still more decided on the subject of the superior efficacy of the 30th dilution. "It holds good," says he, "and will continue to hold good, as a homœopathic therapeutic maxim, not to be refuted by any experience in the world, that the best dose of the properly selected remedy is always the very smallest one in one of the high dynamizations" (and he indicates in parenthesis the 30th dilution), "as well for chronic as acute diseases." The only difference he makes for acute diseases is that the dose may be repeated more frequently; but even for cholera he orders one globule of the 30th dilution of *cuprum*, *veratrum*, *phosphorus*, *carbo*, *arsenic*, etc. Likewise for typhus, where he had formerly obtained the most brilliant results with lower dilutions, he now says the 30th is the right dose. For syphilis also, no longer heeding the advice I have previously alluded to of giving the mercury in doses sufficient to excite the mercurial fever, and even despising his own preparation of the soluble mercury, one globule of the 30th of *metallic mercury* is the dose to be given; and for itch, in place of the very material doses which he stated he had found so efficacious, we are now ordered to give globules of the 30th of *sulphur*, *carbo*, etc.

Perhaps the reason for thus fixing on one uniform dose for all medicines in all diseases is to be found in one of Hahnemann's essays, entitled *Observations on the extreme Attenuation of Medicines*, and in one of his letters to Dr. Schreter, where he says, "by laying it down as a rule that all homœopathic remedies be attenuated up to the 30th dilution, we shall have a uniform mode of procedure in the treatment of all homœopathists, and when

they describe a cure we can repeat it, as they and we operate with the same tools. . . . Thus our enemies will not be able to reproach us with having no fixed normal standard." In the same letter he says, while disapproving of dilutions beyond 30, "there must be some end to the thing, it cannot go on to infinity;" an opinion somewhat at variance with his previously and subsequently expressed notions regarding the infinite subdivision of matter, the increase of potency by succussion and dilution, and the purely spiritual condition of dynamized medicines.

Hahnemann, however, did not always remain constant to his fixed standard of the 30th dilution, for in the last edition of the *Organon* even he speaks approvingly of the 60th, 150th, and 300th dilutions.

Still later, viz., in the preface to the third volume of the *Chronic Diseases* (edition of 1837), he says that when we repeat the medicine we should descend from the 30th to the 24th dilution; and in the history of two cases I have given at length in the collected *Lesser Writings*, which he treated shortly before his death, you will find that he gave some medicines, especially *sulphur* and *mercurius*, in doses greatly below the 30th dilution, indeed, if I understand his directions aright, as low as the 2nd trituration.

An interesting letter recently appeared in the *Homœopathic Times*, written by Dr. Chapman, giving an account of the contents of a pocket-case used by Hahnemann shortly before his decease. The dilutions contained in this case were not all alike, still less were they all the regulation 30th; on the contrary, they ranged from 3 up to 30, showing that up to the latest period of his life Hahnemann employed all varieties of dilutions.

From what I have adduced respecting Hahnemann's directions and practice relative to the dose, we may draw the following conclusions:—

1. Before he had any idea of the homœopathic principle, he gave one medicine, *mercury*, in one disease, *syphilis*, in doses very much less than those usually prescribed.
2. For some years after his discovery of the homœopathic principle his doses did not differ from those used in ordinary practice.

3. Apparently quite suddenly the doses of some medicines he prescribed fell down to a point where they ceased to be cognizable by the senses or by chemical tests. This sudden fall was simultaneous with the commencement of the persecution of the apothecaries. As yet, however, he did not apply the homœopathic law to the treatment of all diseases, and in cases where he employed the ordinary treatment he used large, and the very largest, doses.

4. As he extended the law to the treatment of all diseases, his doses became all small, but not uniformly so; for he allowed himself a range betwixt a drop of the pure tincture or a grain of the 1st trituration, and a portion of a drop of the 30th dilution of the centesimal scale.

5. After his invention of the psora-theory he fixed the uniform standard for the dose of all remedies at a globule of the 30th dilution. Almost the only exception to this is in the case of camphor for cholera, which he advised to be given in drops of the saturated spirit.

6. In the last years of his life he again allowed himself a greater range of dose, chiefly by extending the scale of dilutions upwards as high as the 60th, 150th, and even 300th dilutions, but also downwards to the 24th, and occasionally also much lower.

It is hardly possible to contemplate these frequent changes by Hahnemann of his views and practice respecting the dose, and the contradictions he involves himself in, without coming to the conclusion that he often formed his general deductions from very insufficient data, and that the question of the dose within certain limits is one of very minor importance compared with that of the selection of the remedy.

However, I must not anticipate the judgment which I trust you will form with me, after a careful survey of the principal opinions on this point that have been expressed by the most notable of Hahnemann's followers.

Dr. Hartlaub[†] was one of the first to touch upon the subject of the homœopathic posology, and to question the

[†] Arch., vii. 19.

propriety of Hahnemann's directions relative to the minuteness of the dose and the infrequency of the exhibition of it. The substance of his paper is as follows:—He believes that, as regards acute diseases, the very smallest dose, once given, may suffice to overcome the malady, but that for deeper-seated chronic diseases larger doses, more frequently repeated, may be necessary, and he relates the case of a scrofulous girl, affected with an eruption on the head, on whom a great number of medicines failed to produce any good effect, or even to prevent the malady spreading; but *conium* in the mother-tincture and 1st dilution speedily effected a permanent cure.

Dr. P. Wolf^s early called in question the propriety of fixing the dose at the 30th dilution for all diseases and all remedies, and thought that the range of dose should not be limited betwixt smelling at a globule of the 30th and taking a drop of the same dilution. He considered that the range should rather be betwixt the pure tincture and the 30th, and that the different susceptibilities of different individuals and different diseases might demand different doses of a medicine.

Dr. Rau,^b in the work so often quoted from, says that the best guide for determining the dose is the maxim that the susceptibility of the organism for homogeneous irritation is in the direct ratio of the violence of the disease. Thus the more violent and acute the disease, the smaller must be the dose of the remedy, and the larger must it be, the longer the disease has lasted and the more chronic its character is. In cases of the latter description, he alleges it may often be necessary to give a whole drop of some very active medicine, whereas in recent and very acute diseases a small portion of a drop of the 30th dilution will often bring about strong reaction. Some practitioners, he remarks, have stated that the antipsorics in the 30th dilution often act too violently in acute diseases, and have therefore recommended lower dilutions; but he has generally noticed that in these diseases the more massive doses produce too long-continued and

^s Archiv, xii. 2, 37.

^b Werth, etc., p. 168.

intense reactions, and that the 30th and higher dilutions, or even the mere smelling at a high dilution, will often suffice for the cure of acute affections. For chronic diseases, on the contrary, it often happens that a small dose of the proper medicine will not act, but a larger dose is required. However, he does not believe it possible to lay down any general rules for the dose, and recommends a careful observation of nature. At a subsequent period¹ he again treats of this subject, and repeats the same views. He states that he has been particularly successful in the treatment of chronic skin diseases by means of graphites in substance, dulcamara tea, decoction of sarsaparilla, etc., without any bad consequences resulting from these comparatively large doses. Similar views are also expressed by him in his last work, entitled *Organon of Specific Medicine*.

Dr. Werber² says, medicines present two sides, a qualitative and quantitative, which have an intimate relation to the quality and quantity of the vital forces. As the excitability is different and variable, the medicines must exhibit a variable amount of action in their influence upon the vital force. He admits the efficacy of small doses in the cases for which they are suitable, but says that it is an untenable dogma to employ only the small and smallest doses, and he adduces many cases where he effected a cure with larger doses, in which no homœopathic aggravations ensued, and the patients made as good recoveries as they could possibly have done had they only sniffed the most delicate medicinal aura; and yet he pathetically remarks, these fine cures of his were attacked by the purists in the most bitter fashion. The same views are repeated by him on a subsequent occasion.³

Dr. Ægidi⁴ contends that the remedies often disappoint us in the high dilutions usually prescribed, and that they ought to be given in stronger doses. He says that since he has employed the medicines in more massive quantities he has been much more successful than before;

¹ Hyg., iv. p. 297.

² Ibid., iii. 229.

³ Ibid., i. 180.

⁴ Ibid., ii. 201.

among other effects produced by these larger quantities, he observes that the accessory effects of the medicine sometimes come out very prominently, more so even than in the pure provings of medicines on the healthy, and this he considers of great importance in determining the characteristic action of the drug. He allows all potencies to possess a power of influencing the organism, from the pure tincture up to the 1500th dilution. He will not, however, admit the successive dilutions to be dynamizations in Hahnemann's sense of the word.^m

On a subsequent occasionⁿ he states that experience has proved that under certain circumstances the higher subdivisions, such as the 30th, 60th, 100th, and upwards, show a decided power of action; but he contends that there must be a point in the continued subdivisions of the medicinal substance where the medicinal power becomes so weak as no longer to possess the power of acting on the organism. He considers it an advantage to have at our command the whole scale of dilutions; we cannot, he says, effect everything we desire with the highest or with the lowest dilutions exclusively; undiluted medicines even are sometimes necessary; the essence of homœopathy does not, he says, consist in the administration of infinitesimals. He contradicts the assertion that has been often made, that the lower dilutions are more adapted for acute, the higher for chronic diseases, for he has often succeeded in curing very acute diseases with the higher dilutions, after employing, without effect, the low potencies; and he has often found even undiluted medicines useful in bringing about healthy reaction in chronic diseases. Finally, he declares himself opposed to the practice of giving but one globule dissolved in a large quantity of water. He ridicules a religious adhesion to this mode of practice.

Dr. Rummel has on several occasions given us his opinion on the subject of posology. In one article on the subject,^o he lays it down as a maxim that we sometimes require the higher dilutions, sometimes the lower, even undiluted medicines. For him the *right selection* of

^m Arch., xiv. 3.ⁿ Allg. h. Ztg., xxvii., No. 9.^o Ibid., xxvii., July, 1836.

the medicine is the main point; that being made, "we cure the quicker," says he, "the better we understand to adapt our doses to the special excitability of the patient." He declares himself decidedly opposed to making the 30th dilution the normal standard, "although," he says, "this dilution does often act, we should beware of constituting the exceptions the rule, and thus meriting the reproach of doing nothing, which our enemies are so fond of bringing against us." He has often observed low dilutions act well, when high dilutions had no effect. As to the comparative frequency of medicinal aggravations from high and low dilutions, he is unable to say that the one produces them more frequently than the other; they only occur exceptionally, and at least as often after the high as the low dilutions; at the same time he observes, what are called aggravations are frequently merely the natural course of the disease. On another occasion^p Rummel expresses himself to much the same effect. He says that the dilutions from 3 to 15 are generally sufficient for all cases, and that they act without producing any injurious consequences. With regard to some medicines, such as *ipêcacuanha*, *euphrasia*, *crocus*, etc., he is disposed to reject altogether their higher dilutions, they do not seem to have any curative effect; the cures observed sometimes after their employment he thinks may safely be reckoned amongst the triumphs of the expectant method. He further alleges that Hahnemann himself had returned to the administration of larger doses than before, and that at the very time when he was advocating the exclusive employment of the very smallest doses. At a subsequent period,^q Dr. Rummel again reverts to the subject of the dose. He admits that medicines are still efficacious in the 30th dilution; but he advocates for the larger doses also declare that the organism is more rarely susceptible for the higher than the lower dilutions, or, as he stated in a former article to which I have alluded, the appropriateness of the 30th dilution is the exception not the rule. "There must," he says, "be some limit to the power of action of homœopathic preparations, because

^p Griesselich, *Sachsenspiegel*, 119.

^q *Allg. h. Ztg.*, xxi., No. 12.

the hindrances to the divisibility, or the development, or dynamization, as it is called, must always be increasing." An admission of the efficacy of the 30th dilution does not, he alleges, involve a denial of the greater efficacy of the 3rd or 10th dilution, the most that can be said is that in some cases the higher dilutions seem to possess certain advantages. Should it be proved that No. 10 always acts better than No. 20, or even that No. 3 or 6 is better than No. 10, it by no means follows that No. 1 or the undiluted tincture must necessarily be better than No. 3; indeed the reverse seems frequently to be the case. Still he by no means denies the efficacy of many medicines in the undiluted form, but their general use he believes is less appropriate for homœopathic purposes than that of diluted medicines; in some cases he admits that he has succeeded with higher dilutions when the lower ones failed. From what he says, the only inference is that cures may be effected with doses of all kinds, from the mother-tincture upwards. The practical rules we gather from this paper are as follows:—In diseases where the nervous system generally or the abdominal nerves are specially affected, the higher dilutions are the best; in acute diseases the lower dilutions are more generally serviceable. It is advisable not only to proceed from the smaller to the larger doses, but often also from the small to the still smaller, up to the very highest dilutions. After either kind of doses a homœopathic aggravation often occurs without being followed by any amendment. He gives a good many instances of such aggravations. On the introduction of the high potencies of Jenichen into practice, Rummel again gives utterance to his ideas on the posological question. He states that the dilutions he commonly employs are those betwixt 3 and 30. He cannot pretend to lay down any general rule for the proper dose, but he alleges that he obtained comparatively the least favourable results when he, for the sake of experiment, confined his practice exclusively to the lower attenuations only, though even then cases sometimes occurred which seemed to speak in favour of the superior

efficacy of such dilutions under certain circumstances. He replies in the affirmative to the question—"Do medicines still act in the 200th dilution?" Even in that state of attenuation he alleges that they can develop their peculiar accessory symptoms, and cause a transient aggravation of the disease; "indeed," he adds, "it appears to me very probable that in many cases they do more good than the attenuations hitherto in use." I may mention that the high dilutions Rummel employed were what they professed to be, having been prepared after the Hahnemannian fashion by a conscientious chemist of the name of Petters, and they were not the transcendental potencies of our horse-breaking friend Jenichen. As regards the cases brought forward by Rummel to prove the power of the high potencies, I may, however, remark, that Grieselich subjects them to a critical examination in the *Hygea*,^{*} and proves to his own satisfaction that in scarcely one instance is there evidence that the medicines acted *at all*, still less that they acted *better* than the ordinary dilutions.

The veteran Stapf[†] records for our benefit the results of his thirty years' experience. The right selection of the remedy is, he contends, the main point; the dose is, after all, but a secondary consideration. The properly chosen remedy will in many cases suffice in the very smallest dose, even the 30th dilution, although it cannot, he says, be denied that much lower dilutions will generally have the same effect. The size of the dose is to be determined by the nature of the medicine, the individuality of the patient, and the character of the disease. Medicines that have no violent action, such as chamomile, valerian, etc., it is always more expedient to give in the *medium* dilutions from 3 to 12, whilst such violent remedies as belladonna, arsenic, etc., demand much higher dilution as a rule. Medicines which only develop their full power by means of trituration, as, for instance, carbo, silicea, etc., appear to require *invariably* high and even the highest dilution (Dr. Stapf seems to have forgotten that Hahnemann found gold in the 1st, and carbo and

* *Hyg.*, xxi. 62.

† *Allg. h. Ztg.*, xxi., No. 18.

stannum in the 3rd trituration quite efficacious); in acute diseases the lower dilutions (Nos. 3, 6, and 9) seem often to demand the preference. Since he has adopted the plan of giving, in croup, aconite and the other remedies, in the 3rd, 6th, and 9th dilutions, he has, he alleges, been much more and more rapidly successful. Although he generally prefers the higher dilutions (up to 30) in chronic diseases, still he sometimes finds that in deeply rooted constitutional diseases, such as scrofula, strumous ophthalmia, cutaneous diseases, etc., remedies in the dilutions from 12 down to 2, and even 1, often deserve the preference; also in syphilis and scabies, he almost always gives only the 2nd or 3rd trituration of mercury and sulphur. On the whole, Stapf treats the subject of homœopathic posology very gingerly, and seems anxious to be friendly with both high and low dilutionists, and to say nothing that could offend the susceptibility of either party. He afterwards came out pretty strongly on the subject of the high-potency heresy, and sang a eulogistic ode in favour of Jenichen's delusive dilutions, but he did not go the lengths of his enthusiastic friend Gross. Whilst the latter worthy was always in extremes, Stapf was much more cautious, and took for his motto "*In medio tutissimus ibis.*"

Let us now see what were our old friend Gross's views on the subject of posology generally. Of course, Gross would be unlike himself if on this point as on others he did not alternately adopt and reject every new notion that was broached by others. Though Gross does not show much inventive genius, he almost makes up for that by the facility with which he adopts and works out every hint thrown out by others. A veritable chiffonier of cast-off ideas and rejected fragmentary notions, he eagerly pounces upon any intellectual rag which others have rejected or passed by unnoticed, and which even its original owner would be ashamed to resume, and decks himself in it most admiringly. Accordingly we find him now sporting the sombre grey of the matter-of-fact materialist, now bedizened with the gaudy party-coloured frippery of the transcendental dreamer, but never long in the same attire; "to one thing constant never." We have seen instances

of his mutability on other points of the homœopathic doctrines and practice, and as it was with them so it is with the dose question. Starting at first with a preference for the 30th dilution, he subsequently seems rather to prefer the lower potencies, and accordingly we meet with cases of his where the cure was effected by the 30th, others where the 3rd, 2nd, 1st dilutions, and even the mother-tincture, were employed. Subsequently he repents of his defection from the regulation 30th; he writes a eulogy upon the wonderful efficacy of the medicines in that dilution, and declares himself of Hahnemann's way of thinking, that the dose can hardly be made small enough for curative purposes; this maxim he protests to be the sure result of the most accurate and pure observations, and worthy to be placed side by side, in point of importance as a discovery, with the discovery of the homœopathic law itself. Still he declares it possible that the lower dilutions may suffice for acute diseases, but the high certainly demand the preference in chronic, and a few months later he states, the giving of certain remedies in drops, of the 6th or 3rd dilution, once or several times a day to be "downright allopathy, mere *treating* of disease, and quite unworthy the name of *curing*."

Shortly after this, Gross's small-dose mania came to a crisis by his adoption of the Jenichen potencies. When he got hold of them he began to rave in good earnest, declaring that all former cures with all former dilutions were as nothing at all compared to the cures with these mighty preparations. "You will doubtless," he exclaims, "say that Gross has gone mad," and we must admit that for once he is right, and correctly expresses the idea of the great majority of his readers.

I shall not follow Dr. Gross into the mysteries of the Jenichen delusion, that heresy I have already treated of in my lectures on the dynamization-theory.

LECTURE XV.

HOMŒOPATHIC POSOLOGY (CONTINUED).

IN continuation of the subject of homœopathic posology, commenced in my last lecture, I now proceed to lay before you some few more of the opinions broached on the subject by the most distinguished and influential of Hahnemann's disciples. I should be taxing your patience too much to give a complete detail of all that these gentlemen have written on the subject, so I shall content myself with the briefest of outlines, in order to put you *au courant* with the ideas of the most eminent among the homœopathic writers on the subject of the dose, so that, knowing what has already been written on the point, you may be spared the trouble of painfully excogitating afresh ideas that have already been thought out by others, or arrived at by a lengthened and careful experience.

The first of those who have written on the dose question who stands on my list for this evening, is Dr. Kurtz,* favourably known for several powerful and effective articles on homœopathy of a valuable practical character. For him the dose is comparatively a very indifferent matter. It is the quality and not the quantity that produces the curative effect; it matters little, he thinks, what the quantity is, provided it is not so great as to overpower the vital dynamism by its too great medicinal or by its chemical action. In most cases he thinks it is safer to stick to the lower dilutions; he cannot deny that he has often seen the efficacy of the higher dilutions, but as often their total inefficacy; he will not deny the occasional occurrence of medicinal aggravations, but they do not seem to depend on the dose given, as they occur just

* Hyg., iv. 239; Jahrb. f. Hom., i. 83.

as often from the high as the low dilutions. He believes that the aggravations, when they follow the administration of the higher dilutions, occur in consequence of the *vis medicatrix* being only excited by them to feeble reaction.

Dr. J. E. Veith⁷ acknowledges the perfect necessity of the dilutions and triturations; the appropriate remedy, when minutely subdivided, acts much more excellently and is much more suitable to the functions of the capillary and nervous systems than the medicine in the grosser material forms. The impulse of the medicinal actions ought not to be more powerful than the vitality demands for its critical actions. The dilutions still retain their medicinal power in very high potencies. In his practice, the 18th is the highest dilution he uses. *Dulcamara*, *sarsaparilla*, *sambucus*, *tinct. sulphuris*, *cannabis*, *ledum*, *rhododendron*, *rheum*, etc., he gives in the pure tincture or 1st dilution; much, he says, may be done with *sepia*, *calcareae*, *siliceae*, etc., in pretty high dilutions, even with the regulation 30th dilution.

Dr. Kammerer⁸ takes up the other side of the question, and shows himself an ardent admirer of the smaller doses. He thinks it our duty to show, in contrast to the allopathic school, with how small and with how large doses we can cure diseases; and he says that this very contrast will make our opponents reflect and abandon their method of treatment. It is *a fact*, he says, that homœopathic medical men who employ the larger doses often take weeks to cure diseases, or perhaps are unable to cure them at all, whereas they are readily cured by means of the higher dilutions. It would be difficult to prove this *fact* of Kammerer's, as we do not often find cases so exactly alike as to afford proper grounds for making a comparison; moreover, the precise converse of this statement has often been made by other equally trustworthy homœopathic observers. Still Kammerer is not such an enthusiast for the higher dilutions as to wish to reject the lower ones, or even the pure tincture; each, he says, is suitable in its proper place and at its proper time. There are, he believes, no general rules for the

⁷ Hyg., v. 432.

⁸ Ibid., iv. 468.

dose yet discovered. He generally prefers for acute diseases the larger doses, for chronic diseases the smaller ones, but the choice of the dose in these cases must always depend in some measure on the individuality of the patient and the reactive power of the organism. He says he has never succeeded in curing an important organic disease by means of large doses or frequent repetitions of the dose. Much as Kammerer speaks in favour of the high dilutions in this essay, we learn from others of his works, especially an article on the metaphlogosis of the cellular tissue of the neck, and another upon typhus fever,^a that he employed occasionally the lower dilutions with great effect; that in the last-mentioned essay he speaks of giving the remedies in from the 1st to the 6th dilution, in drops—*calc.* 5, *phos.* 6, *arsen.* 6, and so forth. The success of his treatment was, he tells us, very great. In another essay,^b Kammerer tries to bring about a union betwixt the advocates of the large and small doses; each party, he says, possesses a portion of the truth. A consideration of the degree of the sensitiveness of the diseased organs and their power of reaction will, he imagines, explain all the apparent contradictions of the posological question.

At the furthest material terminus of the posological scale stands Dr. Georg Schmid, who from the very commencement of his homœopathic career showed himself an opponent of the hyper-micro-posology of Hahnemann's later years, and a defender of the material doses of his earlier practice. In 1846 he published in a special work^c the results of his experience with the larger doses which his convictions led him to employ. In the fifth volume of the *British Journal of Homœopathy* you will find the cases given in that work translated, and a perusal of them will show you what can be effected by material quantities of medicines homœopathically selected, and by the success of G. Schmid's practice you will be, I think, convinced of the superlative folly of those puritans of the Gross and Bönninghausen school who denounce all who employ aught approaching to sensible quantities of our

^a Hyg., v. 267, and xv. 1.^b Ibid., xi. 239.^c Arzneibereitung und Gabengrösse.

medicines as allopathists in disguise, and seek to brand them with other *recherché* epithets. By some strange fatality, it has very frequently happened that those who have thought it incumbent on them to use the high dilutions only in their practice, seem at the same time to deem it requisite to employ their own natural common sense in infinitesimal quantities also, when judging of the posological question. But to return to Dr. Schmid. He says that we have no reason to dread the use of the larger doses, that real medicinal aggravations are much rarer than they are by many said to be, what have been called by that name have generally been mere phases of the natural aggravations of the diseases; and so far are the real medicinal aggravations from being to be dreaded when they do occur, that they are to be regarded as only an increase of the reaction of the *vis medicatrix* against the disease, and this increase in general only leads to the more rapid and successful dispersion of the disease; of course it is requisite that the selection of the remedy should be correct, in order that this should happen. He makes the size of the dose dependent on the condition in which the medicinal substance is; he admits that the process of trituration is effectual in awakening the latent powers of some substances, such, for instance, as sulphur: so far he acknowledges the dynamization-theory. Thus, oddly enough, we find Dr. Schmid the advocate of the most material and massive doses, holding, as I have shown you in a former lecture, the most ultra-dynamical notions respecting the morbid and curative processes, and adopting this other dynamical notion of Hahnemann's respecting the dynamization of drugs by the pharmaceutic processes to which they are subjected. To be sure, his belief in dynamization does not go very far, for he considers that it attains its utmost limit in the 1st trituration. The doses recommended and administered by Schmid are certainly not large compared with those given by the allopathic school, consisting only of drops and fractions of grains of the medicament. He seldom gives a medicine in the diluted form; but *veratrum* he makes a special exception to this rule, and he states that he never gives it in the pure tincture, as he has often seen severe aggravations ensue

from its use in this form. Arsenic is another remedy that he gives in comparatively small doses, usually about the 2nd trituration. He enters into a long defence of his doses, and argues at great length in favour of their being still within the limits of homœopathy; but arguments in proof of this are only necessary for those who believe that homœopathy is identical with infinitesimal doses. The exclusive employment of massive doses, as practised by Dr. Schmid, is equally absurd with Dr. Gross's exclusive employment of high dilutions, and by adhering to either extreme the advantages obtainable by a variety of dose are lost.

Dr. Watzke of Vienna—the late learned editor of the *Austrian Homœopathic Journal*, which effected more for homœopathy in its brief career of four years than any other homœopathic journal in ten—has furnished us with the results of his experience and reflections on the subject of the dose question. He says the proper selection of the remedy is the first thing in point of importance; to this the size of the dose is quite subordinate, but it is by no means a matter of indifference. He says that he himself has gone through both extremes of our homœopathic posology. At one time he gave nothing but 30th dilutions, at another nothing but the 3rd, 2nd, and 1st attenuations or pure tinctures; he hovered, as he expresses it, at first in the ether of decillionths, and then descended into the lowest depths of the material substance. From these two extremes he gradually lapsed into a happy medium, usually the 3rd to the 6th attenuation, prepared according to the decimal scale, without, however, altogether rejecting the higher and lower preparations. Supposing that the smaller doses would always effect all that the larger ones can do, still he prefers the latter: 1st, because it is of importance to divest our doctrines and practice as much as possible of the appearance of the paradoxical, the marvellous, and the incredible; 2nd, because he does not wish to pay dearer for what he may obtain cheaper; 3rd, because he can be more certain of the purity and genuineness of the

preparations in the larger doses. He lays down as maxims—1, that the size of the dose must depend on the receptivity and on the sensitiveness of the patient, and of the affected organ or system, on the kind and magnitude, the course and the stage of the disease, as also on the character of the medicine; 2, that the dose must be the larger, the more rare, difficult, and tedious the cure of the disease is by nature alone, and *vice versa*. He gives examples of the beneficial action of the smallest doses, viz., the 30th dilution. On a subsequent occasion^e he details examples of the power of larger doses in an epidemic of measles. The doses were *aconitum*, in the 1st and 3rd, and *belladonna* and *pulsatilla* in the 3rd dilutions. In another place^f he gives us examples of the treatment of chronic diseases also with the larger doses. One dose consisted of a whole drop of oil of *sabina*, which caused no medicinal aggravation, and indeed Watzke talks very little about such aggravations; and in a whole array of cases treated by the larger doses there is no instance of such aggravations having ensued. He inveighs against the high potencies of Jenichen, and states that he tried them repeatedly and carefully, without the slightest benefit. He does not, however, condemn the higher dilutions of the Hahnemannian scale; on the contrary, he believes there are some diseases for which they are indispensable, and he believes that by confining ourselves, as Schmid does, to the massive doses we shall lose many advantages. In his proving of *natrum muriaticum*, he says, "I regret to say I am forced to declare myself in favour of the higher attenuations."

Dr. Trinks, so favourably known to homœopaths by his valuable additions to the *Materia Medica*, as also by his recent compilation of an abridged *Materia Medica*, handles the posological question with his usual ability, in the introduction to the last-named work.^g He says, that notwithstanding the vast quantity that has been written on the subject, and the incessant controversies the dose has given rise to in the homœopathic camp, it cannot be said that a satisfactory solution of the problem has yet

^e Oest. Ztsch., i. 3, 236.

^f Ibid., ii. 1, 133.

^g Einleitung, p. xxxvi.

been arrived at. It is a question that a very extensive experience can alone decide, and it cannot be determined, as Hahnemann well remarked, by subtle reasoning or hair-splitting refinements of casuistry. In the present position of the question, the following, he says, seem to be a few of the maxims that experience, when honestly consulted, has determined :—

1. Acute diseases require the lower and middle attenuations.

2. Chronic diseases require higher and often the highest attenuations, because they generally need for their cure such medicines as only attain their full development of power by means of repeated subdivision.

3. There are many exceptions to this—many chronic diseases requiring low dilutions, and even the mother-tincture.

4. Many observations go to prove that the higher dilutions are of use in diseases, not only of a purely dynamic but also of a material or organic character.

5. Many medicines appear only to develop their full powers by long-continued trituration and succussion.

6. Many other medicines seem to possess their full powers in the original tincture or crude state, and all the subsequent processes to which they are subjected seem but to diminish those powers.

The proper dose must be determined—

1. By the peculiar nature and essential character of the medicines. Their physiological provings throw all the light we possess upon their energy, intensity, extensity and duration of action. Among the medicines which, even in large doses, display great energy and intensity along with a short duration of action, are, aconitum, chamomilla, camphor, moschus, ignatia, ipecacuanha, hyoscyamus, coffea, stramonium, laurocerasus, sambucus, opium, etc. Those that have a less violent, but more intensive, penetrating, and longer-lasting action, are almost all the mineral medicines, the mineral acids, and not a few vegetable substances. The most energetic and intensively acting medicines must be employed in the higher dilutions; the less energetic and intensive medicines in the medium dilutions; the least energetic and intensive in the lowest

dilutions and crude substance. The first class includes all our so-called heroic medicines; such are, belladonna, bryonia, arsenicum, calcarea, kali, lachesis, lycopodium, mercurius corrosivus, natrum muriaticum, phosphorus, sepia, silicea, sulphur, rhus, etc.

The second class, which should generally be used in the medium dilutions, includes cannabis, china, euphrasia, coffea, arnica, asafoetida, agnus, bismuth, capsicum, chamomilla, chelidonium, crocus, dulcamara, digitalis, gratiola, hepar, ipecacuanha, laurocerasus, ledum, mezereum, phosphoric acid, nux moschata, oleander, opium, rheum, sabina, secale, senega, spigelia, squilla, tabacum, thuja, veratrum, etc.

The third class, which generally require to be used in the lower dilutions and crude substance, comprehends ferrum, verbasum, camphor, moschus, castoreum, viola odorata and tricolor, taraxacum, trifolium, chelidonium, etc.

The second determining circumstance is the nature and character of the disease to be cured. Diseases that display in all their phenomena great energy and intensity, rapidity of evolution, attack the most important organs, betray much malignancy, and threaten the integrity of the whole organism, or of certain parts of it, demand an energetic and rapid medicinal influence. To this category belong almost all the acute diseases, inflammations, gastric, bilious, catarrhal, rheumatic, typhus, and putrid fevers. Nervous fevers and nervous rheumatisms, on the contrary, demand the higher dilutions. Chronic diseases demand, as a rule, the higher dilutions, but there are exceptions to this, in the case of those diseases, namely, where, along with inveteracy and long duration, there is torpor of the ganglionic system, as in the case of hypochondriac diseases, where the patient has led a dissipated life. In hysteria also the smaller doses can often not be borne, especially in those cases where in some parts the irritability is abnormally increased, in others abnormal torpidity is present. In those cases we sometimes find that neither the high nor the low potencies do any good. In other cases of hysteria we sometimes observe the best effects from the high dilutions. Where there is great irritability of the cerebro-spinal system, there is often

little susceptibility to medicinal influences, and, on the contrary, a high degree of susceptibility often co-exists with great torpor and even partial paralysis of the nervous system. Disturbances of the mental state of a chronic character often demand the utmost caution in the choice of the dose. Often the smallest dose suffices to restore the lost balance of harmony of the most chronic description, in other cases large and repeated doses are required.

Diseases of the mucous membranes of the alimentary canal, of the uropoietic and sexual organs, and of the respiratory passages, may be treated at once with the medium dilutions, and the lower dilutions may be had recourse to where there is great atony and torpor, especially if this has lasted long.

Neuralgias and spasmodic affections sometimes require high, sometimes low dilutions.

Syphilis and its various developments demand the lower dilutions and stronger doses of the appropriate medicine; but the most inveterate cases never require the mercurials in the crude state.

Chronic gout demands great circumspection in the selection of the dose; the smallest doses often cause intolerable aggravations.

Chlorosis requires iron in large and repeated doses, but other medicines in the highest dilutions.

The medicinal dyscrasias caused by the abuse of such medicines as mercury and iodine require a cautious administration of their antidotes, but the cinchona disease and the lead-poisoning require larger doses of their antidotes.

The other determining circumstances in the selection of the dose detailed by Trinks I shall only briefly enumerate; they are—

8. The individuality of the patient.

4. The constitution.

5. The sex. The female is most susceptible, and therefore requires the smallest doses.

6. The temperament. The melancholic, sanguine, and choleric temperaments display the greatest susceptibility, the lymphatic the least.

7. The manner of life of the patient.
8. His idiosyncrasies.
9. The epidemic and endemic influences.

10. The influences of climate. The inhabitants of warm climates seem to possess a greater susceptibility for medicinal influences than those of more temperate and colder climates.

Dr. Trinks has many other very valuable directions and maxims respecting the choice of the dose, which are well worth a careful study, but which time would fail me to detail in this lecture. We find from the *Materia Medica* which he published conjointly with Drs. Noack and Müller, that practically he is an adherent of the lower dilutions and triturations, and that he often prescribes the pure medicine. He is of opinion that many diseases are curable by stronger doses, whereas the smaller and smallest doses often merely irritate without producing any curative reaction.

Dr. Schrön^s was one of the first who combated Hahnemann's views on the subject of posology. He is, however, no bigoted defender of the more massive doses, on the contrary, he relates a case where *spongia* 6 caused an extraordinary aggravation, whilst *spongia* 45 diminished the symptoms in a remarkable degree. He says he acknowledges the undeniable efficacy of such small doses, and seeks for an explanation of this efficacy in the delicate power of reaction of the organism, and not in any dynamization or increase of power in the medicinal preparations; the smaller and smallest doses are not, he says, to be regarded as essential to homœopathy, since the properly chosen medicine will display its curative powers in the larger doses also. *What to give?* is the first question to be determined. *How to give it?* is the second and secondary consideration; and yet, notwithstanding that this is invariably the distinct declaration of all the advocates of the lower dilutions, their unthinking opponents, the partisans of the exclusive treatment with globules of the highest potencies, allege that the quantity prescribed by their opponents is meant to make up for

defective quality, in other words, that the large dose is intended to be a substitute for an imperfect and erroneous selection of the drug; than which nothing can be more unfounded. It would perhaps be nearer the truth to assert that the high dilutionists are much more intent on giving a medicine in a high dilution than in attending to all the circumstances connected with the disease that could determine the choice of the remedy. In another place,^a Dr. Schrön says that many observations have shown that the more massive doses have produced the desired effect, where the very small ones were of no avail. If, he continues, we take into consideration the fact that homœopathic aggravations occur very rarely, that what have been termed medicinal aggravations are generally to be ascribed to the natural course of the disease, and that an occasional aggravation is not to be avoided though we use the smallest doses, it is not easy to see why we should waste precious time by the administration of the smallest doses, which sometimes have no effect whatever. We cannot, however, he goes on to say, deny that there are certain cases, especially in very irritable patients, or diseases of a very excited character, where we may with the greatest advantage employ the high dilutions, and, in fact, where we cannot dispense with them; but in the generality of cases it will not be necessary to go beyond the 3rd or 6th dilution, whilst there are many medicines which can be advantageously employed in the pure tincture or 1st attenuation. In spite of giving such doses, he asserts he has never witnessed any so-called homœopathic aggravations. He ridicules the absurdity of the high potencies of Jenichen, and will not waste time by testing them at the sick-bed.

Dr. Elwert of Hanover early wrote an article to prove that the dilutions from 1 to 8, given in drops, were the most suitable doses as a rule. He regards the stronger doses as much more certain than the more highly diluted preparations; they cure, he says, without aggravating the disease, and they also cure in those cases where, from the patient's inattention to dietetic rules,

^a Naturheilpr., ii. 200.

¹ Hyg., xxi. 1.

² Allg. h. Ztg., ix.

the higher attenuations would have no chance. He confesses that good results are often obtained by means of the smallest doses, but not superior to those attainable by the larger ones. But as he has become convinced by extensive experience that in many cases the higher dilutions may be given without the slightest effect, whereas in the very same cases the lower dilutions produce the best effect, he now almost invariably gives the lower numbers only. He says that primary medicinal actions are often observed under the use of the dilutions from 1 to 5, but that these do not interrupt the cure in the least. To children in the first years of life he generally gives globules; in chronic diseases he is not less successful now that he uses the lower dilutions, than he used to be in those days when he only employed the higher preparations from 12 to 30. In a book that he published in 1844^k he gives us a long array of cases, in which we find he gave almost always the stronger and strongest doses.

The philosophically minded but somewhat fantastic Dr. Helbig^l of Dresden says that it is absurd to contend exclusively either for the high or low dilutions; admitting the occasional efficacy of homœopathic medicines when given in the very highest dilutions, he says that there are cases where the homœopathic medicine requires to be administered in even larger doses than what are usually employed in ordinary practice. He cites the case of inveterate habits of intoxication, for the cure of which he has often found it necessary to give a whole ounce of sulphuric acid. In another work,^m which you will find reviewed in the first volume of the *British Journal of Homœopathy*, Helbig speaks still more decidedly on this point. By smallest dose he understands the 30th dilution, and he alleges that he has found arsenicum, belladonna, aconite, nux vomica, and other medicines still possessing power in these exalted preparations, but he says that the general or exclusive employment of such high dilutions is "a stupidity"; he has almost entirely abandoned them, because in so many

^k Die Hom. und Allopath. auf der Wage der Praxis.

^l Hyg., vii. 227.

^m Macht der Aehnlichkeit, 81.

cases they are utterly destitute of power, where the lower dilutions and the pure tincture still act most favourably, and because the lower dilutions are more easily prepared, and we can be more certain of their genuineness. All rules, he asserts, that would make the dose dependent on the age, sex, temperament, etc., he holds to be mere *ex cathedra* dogmatizing.

Dr. Vehsemeyer^a of Berlin is a stanch advocate of the lower dilutions; in every case, he says, they are preferable to the higher potencies. In typhus fever his doses are, of phosphorus the pure spirit; of carbo vegetabilis the 3rd trituration, by grains; of arsenicum the 2nd and 3rd attenuations.

Dr. Schüler alleges that all potencies are useful in special cases. As a result of his experience, he tells us that he has found that in patients who have a great longing for spirituous drinks the small doses of medicine, even when frequently repeated, have no effect. The preparations he usually employs are the dilutions from 6 to 12, but he also occasionally goes much lower, and employs the remedies in pure tincture or even in infusion.

Dr. Noack shows his preference for the lower numbers in his *Materia Medica*,^b but at the same time he does not approve of those who confine themselves exclusively to these preparations.^c He says the size of the dose must be determined in great measure by the peculiar character of the organism and of the medicine.

Dr. Goullon^d of Weimar acknowledges the power and efficacy of the higher dilutions, and relates numerous cases illustrative of their curative action; but he at the same time insists upon the necessity of giving larger doses occasionally, the size of the dose to be determined by the power of reaction of the organism and the quality of the medicine. Occasionally we find him giving comparatively strong doses—thus ferrum carbonicum in doses of one-twelfth of a grain; chlorine water in doses of five to six drops at once.

Dr. Lietzau^e says that the employment of the very smallest doses was a mere caprice on the part of Hah-

^a Jahrb., i. 2. ^b Handbuch, vol. i. passim. ^c Jahrb. von Vehsemeyer, i. 1.
^d Arch., xx. 2. ^e Vehsemeyer's Jahrb., iv. 1.

nemann. Some powerful substances, which are very inimical to the human body—as, for example, arsenic—appear to be capable of acting when very highly diluted; but, as regards most medicines, he thinks that the pure tincture is the most appropriate preparation, and the so-called homœopathic aggravation is but very rarely met with from its use.

Dr. Schneider is opposed to the exclusive employment of the 30th dilution. "The phantom," he says, "of homœopathic aggravation is laid, and the belief in the mystic dynamization-theory extinct." Very poetically expressed, but, like most poetry, not much truth in it.

The late lamented Dr. Wahle of Rome, that veteran apostle of homœopathy, who, while propagating its principles in Italy, did not omit to increase at the same time our *Materia Medica* by several valuable substances, was in former days an implicit follower of Hahnemann's doctrines. On the subject of the doses he speaks very plainly.^{*} He says that for the last twelve years he has been true to his maxim to employ all the preparations from the undiluted tincture up to the 30th dilution; he has seldom occasion to resort to either extreme of this scale, his doses ranging betwixt the 3rd and the 18th dilutions. "Since," he says, "I have adopted this plan I have met with extraordinary success in my practice." In chronic diseases he generally goes from the smaller to the larger doses; he is not so fond of the reverse of this plan. If No. 3 of vegetable substances and No. 6 of triturated medicines do no good, the probability is that the selection of the remedy has been erroneous. The interposition of a higher dilution will often bring back the susceptibility for the larger doses. Wahle holds in great contempt the anxious counting of the globules to be given: drops even, he says, won't kill. The choice of the remedy is the *kernel*, the size of the dose and its repetition the *husk*.

Elsewhere,[†] Dr. Wahle thought he increased very much the efficacy of the homœopathic preparations by giving 1000 succussions to each dilution. Medicines so pre-

^{*} Allg. h. Ztg., xxv. 282.

[†] Ibid., xxvii. 138.

[‡] N. Archiv, iii. 1, 17.

pared he seems rarely to have given higher than the 3rd or 6th dilution.

Dr. Kämpfer* has written an elaborate article on the subject of the dose. He says the homœopathic law refers only to the selection of the medicine, and throws no light on the quantity in which it ought to be given; still, granting we have selected the right remedy, the success of the treatment depends on the manner in which we employ it. The apparent paradox that medicinal aggravations are frequently observed from the use of small doses, whereas none occur from the employment of large doses, he seeks to explain by this maxim: that the same medicine in the same dose can, under different circumstances in the same disease, produce quite different, even opposite, effects, and in very different doses exactly the same effect. He testifies to the fact of the 30th dilution producing excellent effects, and he brings forward many cases in proof; indeed, he states that he has often cured cases with the smaller doses, after the larger ones had been tried in vain. He thus acknowledges himself in some degree an advocate for the higher dilutions; still he declares that it so much more frequently happens that such small doses of very high dilutions have no effect, or but a very feeble action, where larger doses of lower dilutions have a sure and powerful action without any consequent bad effect, that he feels himself compelled, along with most homœopathic practitioners, to employ as a rule most medicines in the medium and lower dilutions, from 3 to 12, in portions of a drop or in whole drops. He gives cases to show the necessity for employing these low dilutions in some instances, and he believes that it is requisite on some occasions to give the medicines undiluted. The choice of the dose within the limits Kämpfer employs, viz., from 3 to 12, is determined by the strength of the medicine, by the disease, and the peculiarity of the patient's constitution. Many medicines, however, he gives usually in high dilutions, from the 12th to the 30th, such as *silicea*, *causticum*, *phosphorus*, *nux vomica*; others he only gives in lower at-

tenuations, viz., the 2nd and 3rd; among these are ipecacuanha, china, stannum, hepar, etc. Among those he often gives undiluted he mentions ipecacuanha, china, ferrum, carbo, and valerian; the last he gives in the form of infusion, from fifteen to thirty grains to three or four ounces of water. On the other hand, he admits that cases may occur in which china, ipecacuanha, and the others should be given in globules of the 30th; and again, cases where sulphur, phosphorus, calcaria, etc., require to be administered in low dilutions or triturations by grains or drops. It is curious to observe that in opposition to the opinions I have before cited of Schüller and Helbig, Kämpfer has generally remarked a great sensitiveness to homœopathic medicines in dram-drinkers. In typhus he found the lower dilutions necessary, the middle and higher dilutions had absolutely no action, pure tinctures, infusions and decoctions of china, arnica, rhus, etc., had to be given. In this disease we find that the practice of many of the homœopathists is to give pretty large doses; thus Dr. Hartmann of Leipzig* gave to a typhus patient a decoction of one drachm of cinchona bark. I cannot say that I have found it necessary to resort to such massive doses of any medicine in this disease, and have certainly never seen an indication for the employment of china during the fever at all. Hartmann also gave quinine in grain-doses to an intermittent fever case, and sulphur he occasionally prescribed in portions of a trituration made with five grains of sulphur and one hundred grains of milk-sugar.

The learned and fantastic Dr. J. O. Müller* of Vienna has written an essay in the *Austrian Homœopathic Journal* worthy of his reputation, inasmuch as it abounds in philosophical reflections, learned quotations, and quaint phrases, but I am unable to say that he throws much light on the subject. He shows himself opposed to Hahnemann's later views respecting the one uniform dose for all medicines, and says very truly that there is no constant, universal, absolute dose for all medicines, just as there is no one constant character for all individuals,

* Allg. hom. Ztg., xi., xii.

* Oest. hom. Ztsch., i. 3, 12.

all diseases, and all causes of disease. The high potencies, so extolled by the erratic Gross, however, he would exclude entirely from the homœopathic posology.

Dr. Attomyr of Pesth, favourably known to us by many useful practical works, and famous also for some novel ideas, the value of which is not so apparent, seeks to ascertain the rules which should guide us in the selection of the dose. He endeavours to find them in the results of the provings of medicines on the healthy. The substance of his observations is to this effect. Medicines show a *quantitatively* different action on the healthy and the sick when given in the same dose, and a *qualitatively* different action, as regards the amount of the dose, on the healthy *certainly*, on the sick *most probably*. From the difference of the qualitative action he draws the inference that *large* doses act more quickly, more transiently, more *intensively*; *small* doses, on the other hand, act more slowly, more permanently, more *extensively*, and from this he lays down the following practical rules:—

a. If it is necessary to afford speedy relief, we must give large doses; if not, small.

b. If it is necessary to give transient relief, we must give large doses; if not, small.

c. If it is requisite to afford *intensive* relief we must give large doses, if *extensive*, small doses; hence acute diseases demand large, chronic diseases small doses; the principle of similarity demands this.

Thus Attomyr seeks to carry out the principle *similia similibus* with regard to the selection of the dose as well as of the remedy, and he considers it inappropriate to give for an acute disease a preparation that only commences to act after a considerable time, that has a long duration of action, and that acts *extensively*. But in order to be able to apply these rules of Attomyr, it is, as he justly observes, requisite to understand what are chronic, what acute diseases; and what are large, what small doses.

As regards the doses. One grain of arsenic is a large

dose, and one grain of *verbascum* a small dose, in respect to the healthy individual; it is otherwise with the sick. Hahnemann, says Attomyr, gave at first large doses, but finding their action too violent, he diluted until he came to the 30th, and finding that certain medicines acted best in this dilution, he inferred that the 30th dilution was the best for all medicines. Experience, however, shows that the 30th dilution is not the ultimate limit of the efficacy of all medicines. With many medicines the dilution may go still higher. Dr. Attomyr now sails away upon the wings of speculative day-dreaming into the mystic region of the dynamization-theory, whither I shall not at present follow him. In another place* he again reverts to this subject, and repeats that the *Materia Medica* is the only place where we can discover rules for the dose. The size of the dose is, he says, not to be determined by the age, the temperament, the sex, etc., but by the disease. A patient who is affected in the same way as a large dose of arsenic affects a healthy person, must get a large dose of arsenic for his cure; one who has the symptoms occasioned by small doses must get small doses; and again, one who has symptoms similar to those produced by the high potencies, will be cured by high potencies of arsenic only. Now, independent of the primary difficulty that meets us at the very threshold of this posological maxim, viz., that in Hahnemann's *Materia Medica* we have no information respecting the various doses that cause the different symptoms, methinks it would be rather a dangerous plan to give a patient labouring under—say gastritis, a dose of arsenic sufficient to cause that disease in the healthy, or to a patient affected with pneumonia the quantity of phosphorus sufficient to develop that disease in a healthy person.

Dr. Hering of Philadelphia has on more than one occasion given us his ideas on the subject of the dose. Latterly he has published a paper,* endeavouring to lay down rules for the selection of the dose. The *course* of the medicinal disease must, he says, correspond with

* N. Archiv, iii. 2.

* Ibid., i. 3, 161.

that of the disease to be cured. He rejects the idea of the secondary action of drugs being owing to the reaction of the organism. Primary and secondary actions are both owing to the direct agency of the medicine. In proving medicines in larger doses, there occur first the primary violent effects of the medicine, and afterwards a series of symptoms are observed that last for a long time, as long as weeks or months, and gradually diminish in number and intensity. These secondary symptoms are often the very opposite of the primary ones. When medicines are proved in the higher potencies, only these latter, the secondary symptoms; are observed, and there is no opposition perceptible betwixt the symptoms produced during the last and the first days of the medicine's action. The practical rule he deduces from these remarks is as follows:—"Have we chosen our remedy from the symptoms of a case of disease on account of the perfect correspondence of the chief characteristics in disease and remedy, we have only to note whether the symptoms of the case correspond with the primary action of the drug, when we give the lower dilutions, or with the secondary symptoms, that is, with those got from the provings with higher potencies, in which case we give the higher." Now, in order that this rule should have any practical value, we should require to know what symptoms are primary, what secondary in the *Materia Medica*, which I have on a former occasion shown we do not, or at least, what symptoms were produced by stronger, what by weaker preparations of the medicine, which we must ever remain ignorant of as far as Hahnemann's provings are concerned.

Dr. Black, in an excellent paper on posology, in the seventh volume of the *British Journal of Homœopathy*, is disposed to think more hopefully of Dr. Hering's plan than, I confess, I do. I must refer you to that paper, as it is well worth an attentive perusal.^b

Dr. Koch, in his great work *On Homœopathy*,^c has re-

^b He has since, however (*British Journal of Homœopathy*, x. 692), stated that he no longer entertains this favourable opinion of Hering's plan, and thinks it was an over-hasty conclusion, but there are many other points in his first paper that render it worthy of attention.

^c *Die Homöopathie*, p. 586.

corded at length the thoughts that had long occupied his mind with reference to posology, and which he had partially expressed on several occasions. The following are the practical rules he lays down for the dose :—

1. The more similar the remedial power (the pathogenetic effects of the medicine) to the disease, the more certain will be the cure, and the smaller, within certain limits, should be the dose.

2. The less similar the medicine, the larger should be the dose, but the cure is not so certain.

3. The more similar the medicine, the more hurtful is a large dose.

4. The greater the susceptibility, the less should the dose be, and *vice versâ*.

5. The more intensive the exciting cause, the more similar and stronger, quantitatively speaking, must the medicine be.

6. The more intensively, rapidly, and energetically the morbid process goes on, the more necessary is it to select the remedy accurately and to give a larger dose, whilst in morbid processes of less intensity and rapidity a smaller dose is necessary.

Dr. Stens^d of Bonn lays down the following rules for the dose :—1. High potencies (betwixt 12 and 30) are in general the most appropriate, and in most cases capable of being substituted for the others. 2. In recent diseases, that have more of a local character and appear to be limited in extent, the lower potencies are to be preferred. 3. In very chronic, deeply rooted maladies, even when they appear locally, the higher, and especially the so-called high potencies, are vastly superior to the lower.

Griesselich^e subjects the whole posological controversy to the searching glance of his acute critical mind. It is refreshing to read the observations of one endowed with a fine manly common sense, after the inanities and platitudes that are so frequently indulged in by many of the eccentric followers of Hahnemann, whose great aim seems to be, like that worshipful magistrate Mr. Dogberry, to write themselves down *asses*. Into Dr. Gries-

^d Allg. hom. Ztg., xl. 11.

^e Handbuch, 242 et seq.

selich's criticisms I have not time to enter, so I shall content myself with briefly giving the conclusions to which he arrives. He gives the decided preference to the lower dilutions, more especially in the case of acute diseases. In such dangerous cases it is always safer to give a little too much than too little of the medicine; and in chronic diseases, where there is plenty of time, there can be no objection to feeling our way with small, and even the smallest doses. The fear of the larger doses is, says Griesselich, as unfounded as that of the smaller doses; both are useful, and such is the great susceptibility of the organism and such its power of neutralizing any excess of the remedial agent, that the range of doses applicable for any disease is much greater than is commonly supposed. Dr. Griesselich sets his face entirely against the mystery-monger Jenichen and his ridiculous preparations.

The opinion of Dr. J. W. Arnold, one of the most distinguished of Hahnemann's disciples, whether we consider his reputation as a physiologist before he became a convert to homœopathy, or his untiring zeal in labouring to advance scientific and rational medicine since that time, is entitled to great weight, and I have accordingly much pleasure in quoting entire from his latest work[†] the results of his long experience. "After I was convinced," he writes, "of the truth of Hahnemann's law of cure, I deemed it my duty to listen to the repeatedly expressed desire of the Reformer and repeat his experiments exactly. As far as the doses were concerned, I did this with the greatest unwillingness and with complete scepticism as to the result. Nevertheless, I saw not a few cases recover after the administration of medicines in the 10th, 20th, and even 30th centesimal dilutions. I observed not only the speedy cure of acute diseases, but also frequently a remarkable change, and finally the complete cure of chronic cases. I readily grant that many of the cures which encouraged me in the commencement of my homœopathic experience were not due to the small doses of

[†] Das rationell-spezifische oder idiopathische Heilverfahren, p. 320.

medicine exhibited; but that all the results are to be ascribed to the healing powers of nature alone, I can by no means convince myself, even with all the force of scepticism. I saw in not a few cases which had resisted the most different modes of treatment, a cure take place after a small dose of a carefully chosen homœopathic medicine, which could not possibly be ascribed to any other influence than that of the medicine. In not a few cases, however, I waited in vain for a curative result from the small doses; but still distrusting myself rather than the dicta of Hahnemann, I at first sought the cause of the failure, not in the insufficiency of the dose, but in some error in the choice of the medicine. This gave me no little trouble and anxiety, until I found myself compelled to descend to low dilutions. I was soon convinced that these yielded much more certain results without the so much dreaded disadvantages. In this manner, guided by experience, I arrived step by step at the maxim that it is never necessary to administer medicine in any dilution or trituration higher than the 6th decimal, and I have never had to complain of any hurtful collateral action or any primary action that disturbed the cure. But, in addition, I have to say that it is only very seldom, and with very powerful medicines, and in very susceptible patients, that I ever go so high as the 5th or 6th decimal dilution—that in general I confine myself to the 1st or 2nd dilution or trituration, though not unfrequently I find it necessary to go up to the 3rd or 4th decimal dilution, on account of the irritability of the patient, the violence of the acute disease, or the energetic action of the medicine. In the six lowest decimal dilutions and triturations, I consider we possess a scale adequate to afford the suitable dose for all known diseases. In a period of ten years I have never found it necessary to go above the 6th decimal dilution, but I have often been obliged to give the specific remedy in stronger doses, such as several drops of the pure tincture, or a quarter, one, or even several grains of the original preparation. The employment of these medicinal doses gives me the satisfaction of knowing that I operate with demonstrable quantities of medicinal matter.

It also satisfies me, because I have learned by experience that by such a choice of doses we can easily give the quantity sufficient to excite the curative action, without injuring the patient through excess."

Dr. Mure^s of Rio de Janeiro, though full of extravagances on many points, and of the most consummate vanity, allows occasionally a glimpse of good sense to gleam through the clouds of bombast and absurdity that abound in all his writings. He says, and believes, poor fellow! that he was the first who, in 1837, pointed out that the lower dilutions were more suitable for acute, the higher for chronic diseases, and that all those who have expressed the same opinion since that time are his unblushing plagiarists; he does not inform us what he is with respect to those who professed the same belief long before 1837. The lower dilutions, he says, are more suitable for acute diseases because their effects are violent but transient, the higher dilutions are more adapted to chronic, because their action is prolonged, latent, and tenacious; he does not inform us how he knows all this. In very acute diseases he employs the 2nd and 3rd dilutions; in less acute but still acute diseases, he uses the 5th, 6th, 7th, and 8th dilutions. In chronic cases he commences with the 9th and goes up to the 100th. He has little confidence in the 1000th or 10,000th. The lower dilutions are best adapted to the infantile age, because their diseases are almost all acute; the higher to the diseases of old age, as these are always complicated with chronic maladies. The male sex demands the lower dilutions, the female the higher. The sanguine temperament demands the lowest dilutions, after that comes the bilious, then the lymphatic temperament, and the nervous temperament requires the highest dynamizations. As regards the tissues or systems of the organism, and the doses their diseases require, he gives the following list—the first requiring the lowest, the last the highest dilutions:—

1. Cellular tissue.
2. Muscular system.
3. Osseous system.

4. Joints, cartilages.
5. Vascular system.
6. Glandular system.
7. Cutaneous and mucous tissues.
8. Nervous system.

As regards the organs, the following is the order in which dilutions are required from the lower to the higher:—

1. Locomotive apparatus.
2. Circulatory apparatus.
3. Digestive apparatus.
4. Genito-urinary apparatus.
5. Respiratory apparatus.
6. Nervous apparatus.

Of all those who have written on the subject of homœopathic posology, Dr. Nuñez of Madrid undoubtedly bears away the palm for excessive attenuation. In his own Spanish organ of homœopathy^a he has written a series of papers on the dose, and the following are the conclusions at which he has arrived:—

“1. All dilutions, from 0 to 2000, may in certain cases be of use; it rests with the feelings and the tact of the physician to choose the appropriate one for each case.

“2. In general the most appropriate dose for the treatment of acute diseases must be sought for in the dilutions from 2000 upwards.

“3. Chronic diseases may generally be treated with the 2000th potency, but in most cases it will be best to select a higher dose.

“4. Chronic diseases, combined with organic alterations, are always aggravated by the 2000th potency, nor does the reaction of the vital force suffice to remove entirely the aggravation so produced, and hence they require much higher doses.”

If the conclusions of this learned Spaniard are correct, Hahnemann must have made sorry work of the treatment of chronic and even of acute diseases, as he, poor soul, knew nothing of these 2000th potencies and upwards, and it was reserved for Dr. Nuñez to teach the world how to treat diseases successfully, and to fix the

^a Boletín oficial de la Sociedad Hahnemanniana Matritense, Nos. 1, 2, 3, 4.

minimum dilution for all diseases at a point a long way beyond Hahnemann's maximum attenuation. I may remark that the high potencies he employed were all prepared by our old friend Jenichen.

It often happens that when the learned are puzzling their brains to solve some intricate problem, or to clear up some knotty point, and straining all their powers of logic to arrive at some legitimate conclusions from the premises in their possession, some philosophic genius steps in and with a few words immediately clears away all difficulties, removes all doubt, and makes the problem, which whilom appeared hopelessly intricate, so simple that a child can comprehend it. The solution of the posological problem proposed 'recently by Dr. Cruxent' of Mataro, in Spain, possesses all the simplicity of an explained phenomenon. I shall leave it to you to determine whether it possesses any other recommendation in reference to our posological difficulty. Dr. Cruxent's key to the whole mystery is this terse proposition:—The dose of the medicine, says he, must be proportioned to the duration of the disease. Do we ask how? Our Castilian philosopher at once replies thus:—If the disease has lasted less than one day, give the mother-tincture; if it has lasted one day, give the 1st dilution; if two, the 2nd dilution; if three, the 3rd; if ten, the 10th; if a hundred, the 100th; if a year, the 365th; or in what the almanacs call the bissextile or leap-year, the 366th; if ten years, the 3650th. Admirable simplicity! And yet who would have dreamt of this wonderful connection of the revolutions of the earth on its axis and the homœopathist's dilution bottles—this sympathetic alliance of the great and the small? The conception reminds us of Newton's discovery of the relation betwixt the movements of the planetary spheres and the fall of the apple on his own philosophic pate. Still, notwithstanding the grandeur of this conception of our occidental philosopher, Dr. Cruxent, I would not exactly make it a reason for doubting the accuracy of the biblical statement that the wise men came out of the East.

¹ Bull. de la Soc. Méd. Hom. de Paris, April, 1847.

In a paper by Dr. Scott of Glasgow, which has come under my observation, still in manuscript, but shortly, I hope, to be published, there are some views respecting the dose and repetition of the remedy which, like everything that proceeds from Dr. Scott's pen, are marked by originality and thought. I may be permitted to give a brief summary of these views. The conclusions at which our learned friend arrives are:—1, That in the stage or form of acute diseases which is marked by exaggerated vital action, low potencies should be employed and repeated frequently, the period of reaction being of short duration; 2, that in the stage or form of exhausted vitality the higher potencies should be employed and frequently repeated; 3, the potency to be chosen is determined by the character of the disease, combined with the completeness or incompleteness of its remissions. (This requires some explanation. Dr. Scott considers that where the vital action is exaggerated, a greater amount of medicinal power, in other words, a lower dilution, is requisite than in opposite circumstances, viz., when there is depressed vital action. Again, most, if not all, acute diseases have intermissions, or at least remissions. He argues that the more complete the intermission or remission is, the larger should be the dose administered, and the smaller, the less perfect the remission, and the nearer the disease approaches to the purely continued character); 4, that the repetition of the medicines is determined by the duration and completeness of the intermission or remission of the disease, and by the activity of the system principally affected by the disease. Thus he says, where the circulation is chiefly affected the repetition should be very frequent, less frequent where the respiration is the chief function involved, still less where the digestion is concerned, and finally, the interval of the repetition should be very much greater where the catamenial function is mainly at fault. Dr. Scott, of course, merely throws out these observations as hints, without any claim to their being anything more; but they seem to me deserving of attention, and they may lead to some useful result.

Before concluding this lecture with a statement of my

own views regarding the subject of homœopathic posology, I would recommend to your careful perusal an article on the subject, in the sixth volume of the *British Journal of Homœopathy*, where it is treated more at length than your time can afford that I should do it in this place.

I conceive it will be generally allowed that in therapeutics it is advisable that we should be assured of the genuineness and medicinal power of our remedial agents, and that it is injudicious to have recourse to complicated and intricate preparations, if the desired end can be attained as readily by means of simple and easily prepared medicaments. Again, it may be laid down as a rule that, in diseases of most rapid course and serious character particularly, it is always better to give our remedy in a somewhat greater dose than is absolutely necessary to produce the desired curative effect, than in a dose too small to produce the desired curative change.¹ If these premises be granted, and if it be likewise granted that the strength of the remedy is absolutely diminished by its dilution, then I think we shall be justified in preferring the lower infinitesimal dilutions to the higher as a rule.

It thinks the perfection of art would be to give the simplest preparation, in other words the lowest dilution, or the greatest quantity of medicinal material we could administer without incurring the risk of aggravating the disease, or of exciting medicinal perturbations—I mean producing the pathogenetic action of the drug.

I showed in one of my earliest lectures that the administration of medicines in small doses was a necessary corollary from the homœopathic law *similia similibus*, but this law cannot determine the amount of the dose to be given in each case. It is experience alone that can do this. Now, if we look at the history of Hahne-

¹ Such seems also to have been Hahnemann's opinion at one period. In his treatise on *Scarlet Fever* (Lesser Writings, p. 436), after detailing a brilliant cure with a somewhat larger dose of belladonna than was absolutely necessary, he says: "I cannot advise an exact imitation of this case, but yet neither can I advise that it should not be copied, for the scarlet fever is a much more serious evil than a few troublesome symptoms produced by a somewhat too large dose of belladonna."

mann's discovery and development of the homœopathic system from first to last, and particularly if we examine those cases he has himself adduced from the writings of practitioners of the ordinary school in order to illustrate the homœopathic application of drugs, and if we cast our eyes over the records of cures that have been performed by his followers of every way of thinking, we shall be forced to admit that the latitude of the curative dose is very great, and one of the rarest things to meet with, in all these histories of cures, is the cure of a case by a medicine in one dilution that had resisted the influence of the same medicine in another dilution. I do not say that such things never happen; on the contrary, I could point out to you several remarkable instances of such an occurrence. I shall, however, content myself with referring you to one case by Dr. Black, recorded in the sixth volume of the *British Journal of Homœopathy*, where *lachesis* 30 had no other effect on a patient than to cause disagreeable nervous symptoms, whereas the same medicine in the 6th or 8th dilution produced a curative action and no disagreeable symptoms at all. Experience has certainly decided that very minute infinitesimal doses are capable of curing, but reflection will teach us that the preparations in highly diluted forms are very apt to be uncertain for various reasons, which must be sufficiently obvious to you. Experience has likewise shown that much larger doses produce an equal curative effect, and that the organism has the power of rejecting a considerable excess of medicine over and above what is necessary for the curative purpose.

In this country we have happily no idea of the acerbity of feeling that has entered into the discussions on the comparative merits of the different dilutions on the Continent, and most British practitioners allow themselves and others a considerable latitude in respect of the doses they prescribe. The general feeling seems to be that the lower dilutions are more applicable to acute, the higher to chronic diseases; but there are, I am convinced, many exceptions to this rule. I believe that Hahnemann committed an error when he departed

from his first plan of seeking to adapt the dose to the peculiarities of the disease and of the patient, and first fixed upon a particular dose for each remedy, and afterwards indicated a uniform dose for all remedies. In this all Hahnemann's disciples who have any pretensions to science agree, and I am not aware of the existence of a single homœopathic practitioner who abides by Hahnemann's latest published posological directions.

There is and can be no normal dose for all medicines, for all diseases, and for all patients; for medicines differ vastly among themselves in respect of power, diseases in point of intensity, and patients in point of susceptibility for medicinal impressions. These three points must all be attended to in our selection of the dose or dilution of medicine we prescribe, and though we are still considerably in the dark with respect to the suitable dose of a remedy for the different circumstances for which that remedy is indicated, I think this darkness has been partially dispelled by the experience of so many homœopathic practitioners extended over so many years. This experience seems to show that the more material doses, or the lower dilutions of medicines, have a more rapid and intense action, and are best adapted to diseases of rapid course and considerable violence, and that the higher dilutions have a more continued and profound action, and are therefore better adapted to diseases of a more chronic character; but there are many exceptions to this. Thus, according to my own experience, and that of many of my colleagues, syphilis in almost all its stages demands an administration of material doses of mercury. I generally employ the 1st or 2nd dilution of corrosive sublimate and the 1st trituration of *mercurius vivus*, or the 1st trituration of the red precipitate. Iron seems to be of no use in chlorosis except in comparatively large doses, such as the 1st trituration of the carbonate. *Cannabis* and *petroselinum* are best adapted for the cure of gonorrhœa in the lower dilutions; and many diseases accompanied with extensive change of structure seem to require the lower preparations. In chronic diseases I find it useful to vary the dilution of the medicine, for the same dilution

frequently repeated seems often to lose its effect. If I have commenced with a low dilution I generally find it useful to proceed up the scale to the higher potencies; if with the higher dilutions, down the scale to the more material doses. Without absolutely denying the power of the higher dilutions in acute diseases, I believe that all that can be done by medicine in them can be effected by the dilutions below No. 6.

As regards the Korsakoffian infected globules, and the secret preparations of the horse-trainer Jenichen, called "high potencies," I think their introduction into practice was an unmitigated misfortune for homœopathy, and that they should by no means be encouraged by scientific practitioners, for the reasons I stated in a former lecture. They may be safely abandoned to such *dilettanti* practitioners as Bönninghausen and such enthusiastic *gobemouches* as Gross and company.

Besides the medicines of little power, such as *verbascum*, *sarsaparilla*, *oleander*, *dulcamara*, *euphrasia*, and many others, which Hahnemann continued to advise the administration of in low dilutions or mother-tinctures until his invention of the *psora*-theory, and which I think should generally be given in that form, there are other substances the solubility of which, even when triturated, is doubtful, and which I therefore think we should prefer to administer in the lower preparations, as Hahnemann also advised up to 1827; such are the metals, especially those that are not easily oxydizable, as gold, silver, platina, etc., *carbo veg.* and *anim.*, and several others, which will readily occur to you.

In conclusion, I may state that it is the dilution and not the amount or size of the globules that indicates the dose, and the refinement as to whether we should give one globule or half a dozen for a dose, or whether our globules should weigh three hundred, or fifty, or ten to the grain, as well as the outcry against drop-doses of a given dilution, serve but to bring ridicule upon our system, and give occasion to the enemies of homœopathy to blaspheme.

LECTURE XVI.

ON THE REPETITION OF MEDICINES.

THEORETICALLY it might be inferred that the proper remedy having been discovered for the disease, and the appropriate dose having been found, all that remained for the physician to do was to place this dose of this remedy on the patient's tongue, and this would amply suffice to effect the cure of the disease. Such *a priori* reasoning is encouraged by various parts of Hahnemann's teachings, especially during the latter period of his life; thus his teaching in the *Organon* is that the dose of the appropriate medicine cannot be too small, so that it shall not be stronger than the disease to which it has a homœopathic relation, and the logical inference from this of course is, that one single dose of one remedy is quite enough in acute as well as chronic diseases; and accordingly we find this to have been Hahnemann's doctrine and practice at one period.

But I am anticipating. This subject, like the others that I have in former lectures brought under your consideration, I shall proceed to consider historically, that is, I shall give you Hahnemann's first practice, as far as that can be learned from his writings, and trace its gradual development in his mind, showing you the modifications his views and practice underwent with the growth of his system, and pointing out the circumstances that influenced his practice with respect to the repetition of the same medicine.

In the first essay he wrote announcing the discovery of the homœopathic law in 1796,^{*} we find him giving the homœopathic medicines—in considerable doses, as I formerly showed—very much in the same manner as the ordinary practitioners adopted, to wit, once or twice a day, in maladies of a chronic character. The case of

^{*} Lesser Writings, p. 295.

colicodynia treated by him in the same year¹ got the remedy also every day, but even at this period of his career he was conscious of what is called the cumulative action of certain medicines, such as digitalis and arsenic, and enjoined caution in their repetition. As regards the former of these medicines, he distinctly states^m that its action lasts several days, and that therefore it might be attended with dangerous consequences to repeat the administration of even a small dose of it oftener than every two or three days, and he mentions a case where death ensued in consequence of giving only two grains of digitalis three times a day for three successive days; the effect in this case, he adds, in consequence of the long duration of the action of digitalis, was as if the whole eighteen grains had been administered at once. In the two essays on intermittent and periodical diseases, published in the course of the following year 1798,ⁿ no noteworthy difference is observable in his repetition of the medicines from what obtained and still obtains in the ordinary practice; thus six or seven grains of ledum, three times a day, is a prescription he used with success in a chronic affection remaining after the subsidence of a sort of remitting fever, and cinchona bark, half a drachm, twice a day, is what he gave in a case of intermitting asthma. It is not until we come to his treatment of scarlet fever that we find an attempt made to regulate the repetition of the remedy by its supposed duration of action. Thus the action of belladonna is supposed to last three days,^o and its repetition for prophylactic as well as for curative purposes is enjoined to be made not oftener than every seventy-two hours as a general rule, excepting when the virulence of the disease is very great, when shorter intervals of repetition are recommended. That, however, Hahnemann did not yet consider the exhaustion of the action of the medicine should be waited for before giving another dose is evident from another passage in this essay on *Scarlet Fever*, where he directs a dose of belladonna every three hours, for the purpose of suppressing the disease when it first breaks out.^p

¹ Lesser Writings, p. 353.

^m Ibid., p. 328.

ⁿ Ibid., pp. 382, 395.

^o Ibid., p. 437.

^p Ibid., p. 441.

It is not, however, till 1805 that we find a distinct enunciation of the rule to be observed in the repetition of the medicine. In the *Medicine of Experience*, published in that year, we find the following statement:¹ "The repetition of the dose of a medicine is regulated by the duration of the action of each medicine. If the remedy acts in a positive (homœopathic) manner, the amendment is still perceptible after the duration of its action has expired, and then another dose of the suitable remedy destroys the remainder of the disease. The good work will not be interrupted if the second dose be not given before the lapse of some hours after the cessation of the action of the remedy." But he adds, "the good effects of the medicine may be frustrated by its too rapid repetition—for this reason, because a dose prescribed before the cessation of the term of action of the positive medicine is to be regarded as an augmentation of the first dose," in other words, the repeated doses accumulate in the system and act too violently. "After the expiry of the term of action," he continues, "of the first dose of the medicine employed, we judge whether it will be useful to give a second dose of the same remedy." And then he gives us the signs whereby we may know if the remedy was the proper one. We may be sure that the selection was correct if the disease have diminished in its whole extent, and it is probable that it was rightly selected if no new symptoms of importance have ensued, even though no perceptible amelioration should have occurred. In both these cases it is sometimes requisite, after the termination of the action of the first dose, to give a second or a third. As regards the duration of the action of the medicines, Hahnemann had already, in his first essay *On the Homœopathic Principle*,² attempted to fix the periods of the duration of the action of several substances, at least of what he then called their direct or primary action; thus, according to him, the action of hyoscyamus lasted scarcely twelve hours; that of stramonium, in large doses, twenty-four hours, in small doses, only three hours; that of agaricus, from twelve to six-

¹ Lesser Writings, p. 637.² Ibid., p. 538.³ Ibid., p. 295 et seq.

teen hours; that of aconite, from seven to eight hours; that of tobacco, in very large doses, twenty-four, in smaller doses, only a few hours; that of belladonna, twelve, twenty-four, or forty-eight hours; that of coffee, in large doses, two days, etc. etc.

In the first edition of the *Organon*, published in 1810, Hahnemann alters the rule he had given five years previously. Here the rule is, that the medicine should not be repeated as long as the improvement goes on, even though it be but slight; he says every new dose spoils the work of amelioration. This rule he considers much better and more important than his former one, because we do not know accurately the limits of the duration of the action of any medicine; some, for instance, exhausted their action in twenty-four hours (but he states this to be the shortest period of the action of any medicine he knows), whilst others continued to act for days and even weeks; the amelioration produced by the medicine also often continued perceptible after the action of the medicine was over. The repetition of a medicine that had proved of use would, he tells us, only make the patient worse, if the amendment had not commenced on every point to stand still, thereby a medicinal disease would be added to the natural one; a disease when ameliorated presented a different group of morbid symptoms, and hence the same remedy was not again applicable. These directions, it will be observed, almost preclude altogether the repetition of any medicine, or, at all events, involve a contradiction that must somewhat have puzzled those who wished to act according to the exact directions of the Master; for, on the one hand, he says that a medicine is not to be repeated until the amendment the first dose produced becomes stationary, and again it is stated that any amendment will alter the morbid picture and indicate a totally different remedy. It would be difficult to obey the first part of the directions without acting at variance with the second. However, even at this period it is evident that Hahnemann contemplated the occasional repetition of the medicine; for he says that when there is occasion to repeat it, we should always give smaller and smaller doses, and never give the patient the same dose. Some

further explanation he gives us on the subject in this first edition of the *Organon*, where he says that the time for repeating the medicine is when some traces of one or more of the original symptoms of the former disease again showed themselves slightly. If, says Hahnemann—and here we have a diagnostic sign, the precise value of which it would be difficult to decide—if the patient require an equally large or still larger dose of the homœopathic medicine (which always does him good) in order to prevent a relapse, this shows that the exciting cause of the disease still exists, or else that there is something wrong in the diet or regimen or circumstances of the patient that serves to keep up his malady.

In the fourth edition of the *Organon* he insists particularly on the necessity of not giving a fresh dose, or a new medicine, until the action of the first has expired, which we are able to pronounce it has not done as long as the slightest trace of amelioration is going on. This observation, he says, is the more important, as we are unable to tell the precise limits of the action of any medicine even in large doses, and even on the healthy individual, far less those of feeble doses in the great variety of diseases, and in patients of such very different constitutions. In a note he adds: "This is true of the most acute as well as the most chronic diseases, because the duration of the action of a homœopathic medicine is governed by that of each malady, and consequently it exhausts itself in a few hours in acute diseases, while it takes several weeks to complete its action in diseases that are very chronic."

The fifth edition of the *Organon*, published in 1833, presents several striking differences from the fourth edition just quoted, and in nothing more than in reference to the repetition of the remedy. The same observation is retained here, to the effect that any new dose of the remedy administered before the former one has exhausted its beneficial action would do harm and could do no good; but immediately afterwards this observation is considerably modified, if not absolutely contradicted;

1 *Organon*, 4th edit., § 241, note.

thus, after stating^a that the medicine will accomplish all the good it is capable of performing in forty, fifty, or one hundred days, he adds, that the beneficial action of it may be greatly accelerated *by repeating the medicine at suitable intervals*, and the cure abridged thereby to one half, one quarter, or even less time; and in § cxxlvii. he gives us the following directions, which, you will perceive, completely set at defiance the rule he had himself laid down at starting for the repetition of the dose:—"The dose," says he, "may be repeated with the best, often with incredibly good results; at intervals of fourteen, twelve, ten, eight, seven days, and where rapidity is requisite, in chronic diseases resembling acute diseases, at still shorter intervals; but in acute diseases at very much briefer periods—every twenty-four, twelve, eight, four hours; in the most acute every hour, up to as often as every five minutes; in every case in proportion to the more or less rapid course of the disease or action of the medicine employed." He retracts his former directions about letting the one dose exhaust its action before giving another, and says this method is only applicable to slight diseases, especially of young children and very delicate and excitable adults. Thus we here find him admitting another element as our guide in the repetition of the dose, viz., the rapidity of the course of the disease. Slow, lingering diseases, according to this plan, will require the medicine repeated at longer, rapid acute diseases at shorter intervals.

Not only was the rule inculcated in former editions of the *Organon* repealed by this sentence, but also the directions in the first edition of the *Chronic Diseases*, on the same subject, published in 1828, where we find it stated somewhat dogmatically. "If," says Hahnemann, "we do not allow the antipsoric medicines, be they ever so well selected, fully to exhaust their action, the whole cure will come to naught." The same ideas are retained in the first volume of the second edition of the *Chronic Diseases*, published in 1835, where he dwells at great length^v on the necessity of allowing the dose to expend its action

^a *Organon*, § cxxlvi., and note. ^v *Chronic Diseases*, 2nd edit. i., pp. 153—158.

in chronic diseases; this action will often last twenty, thirty, forty, or fifty days, nay, the practitioner must, he says, in some cases, be content to allow one dose to act uninterruptedly for weeks and months without giving another dose. The only case in which he will allow a rapid (?) repetition of the medicine is where the amelioration advances a certain length, and then stands still. Under such circumstances we may, he says, repeat the medicine in fourteen, ten, or even seven days, and he proposes the following mode of giving the remedy. If the 30th dilution have been first given, it should be repeated in the 18th dilution, and if this repetition was advantageous, and more doses are required, we should give the 24th, then the 12th, or the 6th, if the chronic disease have assumed an acute character. In the same place he also proposes another mode of giving the medicine, which admits of an immediate repetition. The dose is to be dissolved in eight ounces of water, a third of this to be taken immediately, the second and third portions on the two following mornings; the solution being well stirred each time to alter the potency. That he actually at one period allowed one dose of a medicine to act for twenty or thirty days I have been assured by several who witnessed his practice about that time. His plan was to give one dose of the medicine he deemed most appropriate, and furnish the patient with ever so many powders of sugar-of-milk to take till next consultation, *pour passer le tems*, and make him imagine he was going on with the remedy. "Blind powders" (*blinde Pulver*) was the appropriate name he bestowed on these make-believes.

But this was not the last of Hahnemann's changes of views on the subject of the repetition of the remedy. In 1837,* he says, in direct opposition to the advice about repeating the same dose of the remedy which he had formerly (1833) given, "our vital principle does not well admit of the same unaltered dose of medicine being given to the patient, even twice, still less several times in succession. For in that case," he continues, "the good effects of the former dose will be partly done away with, as there

* Chronic Diseases, iii., 2nd edition, preface, quoted in my translation of the *Organon*, p. 296.

appear new symptoms and sufferings dependent on the medicine, and which obstruct the cure. Hence," he observes, "the many contradictions of homœopathists among themselves in respect to the repetition of the dose." But he asserts it is indispensable to give the same medicine repeatedly in many diseases, both acute and chronic, and he states the intervals he finds it necessary to repeat the medicines in : in acute diseases, it is necessary to repeat the medicine every six, four, two hours, and sometimes every hour or every half-hour; and in chronic diseases the remedy should be given not seldomer than every two days, but generally every day. But we have just seen that it does not do to repeat the medicine in the same dose,—are we then to give a different dilution every time we give the medicine? This is not necessary now that the dynamization-theory is an article of faith in the homœopathic system, for what more simple way of altering the dose than by altering the dynamization,—and how, you ask, is this to be effected? merely by shaking the bottle in which the patient's medicine is dissolved five or six times before each new dose. After he has taken a bottleful of—say the 30th dilution, in this manner, and we still consider it necessary to go on with the same medicine, we must not again dissolve globules of the 30th for his use, but go down the scale to the 24th, and give him the solution of this medicine as long as we judge fit, in the same manner. The same technicalities, *mutatis mutandis*, are applicable to the treatment of acute and of chronic diseases. If it was considered desirable to give the medicine by olfaction, the patient was made to smell as often as it was considered necessary, but each time in a bottle containing a lower potency; on this principle, supposing the patient were to go on with this olfaction for a month, at the end of that period he would be sniffing the mother-tincture of the medicine.

To recapitulate :—

1. At the outset of his career, Hahnemann seems to have repeated his doses in much the same style as was usual among the ordinary practitioners.

2. He afterwards attempted to lay down a rule, that

the medicine should not be repeated until its action was fully exhausted.

3. The conditions of the repetition, as I have shown, were of such a character as practically almost to prevent the medicine being ever repeated.

4. Subsequently the advantage of repeating the remedy at longer intervals in chronic diseases, and shorter intervals in acute diseases, was acknowledged, and the rule for repetition came to be, the medicine should be repeated at shorter intervals, in the direct ratio of the rapidity of the disease.

5. At a still later period the repetition of the same potency was said to be injurious, and the medicine, though still ordered to be repeated, in some cases, as often as every half-hour in acute diseases, and not seldomer than every two days in chronic, was ordered to be given at each dose in a fresh dynamization, made by merely shaking the bottle that held the solution some five or six times.

From this statement it will be apparent to you how much and how often Hahnemann's views respecting the repetition of the medicine altered. It is noteworthy that the period when he first mentions the necessity of giving medicines at very short intervals in acute diseases was about the time when the cholera invaded Germany, and it was probably an observation of the necessity of repeating the remedy with great rapidity in this disease, that thus modified his practice with regard to acute diseases generally. The dynamization-theory, which he had developed to a great degree, had doubtless its influence in altering his views respecting the necessity of giving another dynamization every time the medicine was to be repeated.

Let us now examine what others have written and practised in reference to the repetition of the medicine.

Dr. Ægidi, in an article in Stapf's *Archiv*,* expresses his dissatisfaction with the ordinary method of treating chronic diseases. He says, that giving one dose of a medicine, and waiting for six weeks or so without giving

* *Archiv*, xii. i.

another, was often to lose six weeks of time, and though chronic diseases were undoubtedly sometimes cured by this method, yet the treatment generally lasted an outrageously long time. He considers that our success might be greater and speedier, if we adopted some alteration in respect to the frequency of the administration of the remedy, and he seeks to lay down some general rules for the repetition of the medicine. "After the administration of the suitable medicine," he says, "one of two events certainly happens in the course of eight days: either,—

"A. The morbid state undergoes an alteration, or,—

"B. It undergoes no alteration.

"The alteration it undergoes is one of three kinds :

"1. The state alters for the better.

"2. It alters for the worse.

"3. The disease merely alters its totality of symptoms."

In the first case, we have only to wait without giving any medicine, and see how long the amelioration will go on; and in such a case, however slow the progress made in the improvement, it would be imprudent to disturb it by administering a fresh dose. If, however, the amendment becomes stationary, then, if there be no contraindication, no remedy is so appropriate to be given as the one that brought the improvement on so far, and it may safely be repeated not only once but often, every seven days, or every four days, or even every other day.

If in place of amelioration we observe aggravation of the morbid symptoms, we are thereby assured of the action of the remedy on the disease, and we either wait till the aggravation has subsided, or, if the symptoms of aggravation are too severe, we give an antidote, and the best antidote in most cases, says *Ægidi*, is a second dose of the medicine. After this improvement takes place, and when that becomes stationary we must either administer the medicine again (but this time in a smaller, more highly potentized dose), or we must give another medicine more suitable for the actual symptoms.

Where, from the administration of a medicine, the disease is not improved, and the symptoms it presents are only altered, this shows that the selection of the remedy

was false, and we should then give a more accurately selected one as speedily as possible.

If after the first dose no alteration is perceptible for better or for worse, and still the selection of the remedy seems to have been accurate, we repeat the dose more or less frequently, according to the susceptibility of the patient, until either a homœopathic aggravation ensues, whereafter the amendment will proceed vigorously, or until several symptoms peculiar to the remedy show themselves, which were not contained in the original morbid picture, and after which the state often begins to improve, or, if the contrary be the case, an indication is presented for another medicine. Ægidi says that attention to the directions just read will often give us the happiness of seeing chronic diseases cured in a much shorter time than they have hitherto been by the usual mode of treatment.

On a subsequent occasion,^r Dr. Ægidi advised not only the giving of stronger doses than was usual, but to repeat the remedy much oftener also; "by which continuous assault," he says, "it is alone possible to effect a powerful and curative reaction, an event that seldom follows from the administration of a single dose."

At a later period,^s Ægidi stated that in some cases the repetition of the medicine was inappropriate, whilst in others it was by repetition alone that we could attain our object. The character of the case we had to treat must determine for us the propriety, or the reverse, of repetition. By cautious hesitation we could not lose much, but by a rude and frequent assault we might spoil everything.

Dr. Wolf^a had already, before Ægidi, touched upon the subject of the repetition of the medicine, and alleged that where the reaction of the organism to the antipsoric medicine was defective, it might be advisable to repeat the dose in rapid succession. A year later,^b he treats of the subject of the repetition of the medicine at much greater length, and seeks to obtain some fixed rules upon the matter. He says, that a lengthened experience has

^r Hyg., ii. 201. ^s Allg. h. Ztg., 27, No. 9. ^a Archiv, xi. 1. 45. ^b Ibid., xii. 2.

convinced him that Hahnemann's advice not to repeat the dose must not be followed in certain cases, for that some were evidently greatly benefited by a repetition; on the other hand, however, he warns against too rapid repetition, which he has often seen to be productive of harm. A consideration of the good effects of the drinking of mineral waters, of the success often attending the allopathic mercurial treatment of syphilis, of the cures effected by the use of certain vegetable extracts and infusions, of the beneficial results often attending the administration of the homœopathic remedy in allopathic doses—and here he adduces two cases of amaurosis cured by the application of strychnia to a blistered surface, and asks if homœopathists have ever obtained such good results—all these circumstances Wolf declares point to the necessity for the repetition of the dose in some cases. He admits, however, that we have not distinct rules to guide us in the repetition, because we are still ignorant of the medicines adapted to repetition, of the diseases to which this technicality is applicable, and of the criteria to guide us in fixing the proper periods for the repetition.

There are, he says, three principal methods in which the repetition of the dose may be effected.

1. The repetition of the specific remedy in the smallest dose, in very rapid or somewhat slower sequence, until we may consider that the system is brought under the influence of the medicine, or this influence has shown itself by the development of primary symptoms.

2. Repetition of the specific remedy in constant sequence and proportionally short intervals until amelioration is apparent, with or without distinct evidence of the influence of each dose.

3. Repetition of the specific medicine at long intervals, after one dose has effected amelioration of the state, and the amelioration has become stationary.

Dr. Wolf then gives a long list of medicines which, he says, he has found it useful to repeat, which I need not weary you by enumerating.

Dr. Hering of Philadelphia wrote an article upon the

repetition of the remedy about the same time." Hahnemann, as we have seen in the first edition of the *Chronic Diseases*, set his face against the repetition of the remedy in successive doses. Still, with respect to some medicines, such as causticum, natrum muriaticum, and sepia, he admitted that it was occasionally useful to repeat the remedy, interposing, however, some other remedies betwixt the two doses of the antipsoric. This Hering calls "repetition after other medicines." When the repetition is made after only one interposed medicine, Dr. Hering calls this "repetition in alternation."

He contends that repetition is useful when, on account of defective reaction, the medicines must be given again and again; in very painful diseases the interval that elapses betwixt the doses should not be great. Thus he is in the habit of repeating the dose every two, four, seven, eleven, sixteen days, until reaction or new symptoms supervene. Likewise when the homœopathic aggravation is too strong he finds it advantageous to repeat the medicine, but in this case once only, and in many cases it is best to give the antidote; but he has often observed that the second dose of the remedy is its own best antidote. Another case for repetition is when the reaction is too short, in this case the second dose may be given the following day. Another case for repetition is when the curative action has commenced, continued, but again come to an end; this he terms *renewal of the dose*.

Dr. Hering's paper on this subject is extremely interesting, and I regret time will not permit me to give a more extended analysis of it.

At the Homœopathic Congress held at Leipzig, in 1832,^a several members discussed the subject of the repetition of the remedy. Dr. Gross mentioned several cases of cures with repeated doses of belladonna, mercurius, antimonium tart., sepia, etc. Dr. Kretschmar removed a spasmodic affection with repeated doses of causticum; and Dr. Rau stated as follows:—"The more I think of the subject, the less reason do I see for not repeating a medicine several successive times. It is well known," he continues [though

^a Archiv, xiii. 3.

^b Ibid., xii. 2.

this is not the general knowledge on the subject, I fear], "that the more acute the case is the greater necessity have we to give only the higher potencies, but that the action of the remedies is transient in proportion to their dilution. The first dose, on account of its very transient character, only takes away a portion of the symptoms; the second and third, if they are still indicated, act still more favourably."

In another place Dr. Rau expresses the following conclusions with regard to the repetitions of medicines :—

"Repetitions are useful—

"1. In all diseases where the remedy administered has mitigated the violence of the symptoms, but caused no further change. The proper time for repeating is when the amelioration has come to an evident pause.

"2. In cases where a perfectly indicated medicine has, after the lapse of the time in which it ought to have displayed its action, remained without any action at all. In such cases several repetitions are often necessary, in order to rouse the prostrate power of reaction. Such cases are met with among both acute and chronic diseases, and particularly where there is a well-marked topical disease, either alone or in combination with more general morbid symptoms. Hence," he continues, "in incarcerated hernias I give a dose of *nux vomica* every two hours, and also in violent inflammations of the lungs I repeat the medicine indicated every two or three hours until the anticipated reaction appears. In obstinate diseases of the vegetative system, *e. g.* syphilis and itch, atonic gout and dropsy, old skin diseases and products of irregular plastic action, where the object is to effect a retrograde action of the formative process, it will be difficult to effect anything without repetition of the medicine.

"Repetitions are hurtful—

"1. On the occurrence of homœopathic aggravations, which, when they are too violent and dangerous, or at least cause us to feel uneasy, demand the administration of an antidote, or, at all events, should be allowed to pass off, in order to permit the curative reaction to come into

play. After such aggravations have passed off, if the same remedy is still indicated, it should be given in a higher dilution, in order to avoid a repetition of the aggravation.

"2. On the occurrence of an alteration of the morbid picture, which must always be an indication for the employment of another medicine. Such a case is chiefly met with in hysteria and hypochondriasis, but also in many other diseases, especially when they are passing into other stages, where, on account of the alteration of their general character, the previous indications can no longer exist. In such cases the administration of the former emedicine would certainly not be so injurious as during the continuance of a homœopathic aggravation; but at the same time it would not be of the slightest use."

Dr. Kämpfer^f has considered the subject of the repetition of medicines at considerable length. Hahnemann, he alleges, has ascribed to all medicines a much longer duration of action than they actually possess. Kämpfer considers that the size and the repetition of the dose stand in a certain relation to one another, which he seeks to ascertain. In acute diseases, or when the intervals betwixt the several doses are very considerable, we may, he says, continue to give the medicine at equal intervals and in unaltered doses to the end of the disease, but such cases are not, he says, of frequent occurrence; the continued repetition demands an alteration in the intervals and in the size of the dose. The receptivity becomes deadened, and where, as in chronic diseases, it is necessary to continue the medicine for a long time, the repeated doses must be given stronger; the quicker the repetition the more rapidly is the susceptibility for the impression of the remedy blunted. It is very rare that the susceptibility is exalted by repetition of the dose, especially in the case of small doses, but that this happens in some cases, he brings forward examples to prove. But, he adds, there are plenty of patients whose irritability remains for years in the same degree, provided intervals are allowed to occur

^f Allg., h. Ztg., xx.

without their taking medicine. As the duration of the action of medicines is shorter in acute than in chronic diseases, repetition is more demanded by the former than the latter. He also admits that some medicines have a longer action than others. In acute diseases it is, he alleges, necessary to repeat the shorter-acting medicines every four hours, every two hours, every hour, every half-hour, or quarter hour, but the longer-acting medicines every two to twelve and even twenty-four hours. In such cases, after giving a few doses quickly, we may make a pause of some hours' duration. In chronic diseases, the long-acting medicines should be given only every twenty-four hours, sometimes even seldomer; the short-acting ones require to be given often several times in the twenty-four hours: it is seldom requisite to give several doses of the longer-acting medicines in one day. Kämpfer disapproves of waiting too long as much as of repeating too hurriedly. The degree of the amendment is his guide in general for the repetition. When the critical reactions are strong enough, he advises to pause in the repetition, after they are past decided amendment will follow; but if such reactions require to be supported, we must give the medicine in the same or a still larger dose; in this case it appears that the doses latterly given act in an antidotal manner to those first administered, by which the critical reaction, *i. e.*, the curative homœopathic aggravation, was produced; if this aggravation has become too strong, it may often be subdued by smaller doses of the same remedy, and thus this curative action expedited, in this case there is also an antidotal relation. In the repetition of larger doses of medicine Kämpfer recommends us to be very cautious, lest we should produce a medicinal disease.

Dr. Atomyr,^s as I mentioned in a former lecture, has treated of the subject of the repetition of the medicine along with that of the dose. As with the dose so with the repetition, he seeks to obtain rules for it from the provings of medicines on the healthy. It is not the sick-bed but the *Materia Medica* that must furnish us with rules for the repetition of the medicine. He starts with the fol-

lowing example: a bottle of wine will intoxicate a man if he drinks it all at once, but he may drink four bottles of wine at twenty times without being a bit the worse for it. Of course, it is requisite that these twenty times should be at some distance from each other, for he would get drunk enough if he drank his twenty draughts in twenty minutes; but if he took twenty days to drink the twenty draughts, the wine would have no effect on him. In like manner, says Attomyr, the difference in the action of medicines is to a certain extent dependent on the intervals at which the successive doses are administered. On this subject the provings of medicines teach us—

1. That two identical doses given in rapid succession mutually increase one another's medicinal action.

2. Two identical doses given at long intervals repeat the medicinal action without increasing it.

3. If a small dose be given a short time after a large one it increases the action of the latter.

4. If a small dose be given a long time after a large one it neither increases nor repeats the action of the latter.

5. If a large dose be given shortly after a small one the action of the latter is thereby increased.

6. If a large dose be given a long time after a small one the action of the latter is thereby neither increased nor repeated.

From the repetition of the medicinal doses therefore only two different kinds of action are observed—1, increase, or 2, repetition of the medicinal action; the former by the renewal of the doses at short intervals, the latter by their renewal at long intervals. The homœopathic therapeutic principle can derive no service from the increase of the medicinal action; the repetition of the medicinal action at long intervals is the only kind of repetition which seems to be required by the present state of things, as far as practice is concerned. The repetition of the medicine is, he contends, not an improvement or perfectioning of the art, but a mere *pis-aller* shift, occasioned by defective knowledge of the active sphere of action of most medicines; by the innumerable complications of most diseases; by the frequent selection

of the improper remedy ; by the improper dose ; by dietetic disturbances of the medicinal action, etc., etc.

The *Materia Medica* must be referred to, to ascertain what is a long, what a short interval. We have short and long-acting medicines. In all medicines some parts of their action come on quickly and last but a short time ; others appear late and last longer. The duration of action varies from one hour to several weeks, or even months. In like manner, the morbid agencies produce at one time a shorter, at another a longer lasting disease, and the health-restoring agencies—the medicines—must, by the different duration of their actions, resemble this property of the diseases.

It would, he contends, be contrary to the principle of similarity to give slow-acting medicines and doses in rapid diseases, and equally opposed to this principle would it be to give slow and long-acting medicines at short intervals, and *vice versa*. It betrays, he alleges, but a scanty acquaintance with Hahnemann's doctrines to say that the smallness of the dose does not appertain to the essentials of homœopathy, for the homœopathic therapeutic principle is not capable of being carried into practice without both smallness of the doses and rarity of their administration. [This is going a little too far, as homœopathic cures, it is admitted on all hands, were effected before Hahnemann or small doses were known.] The force of habit is a powerful enemy, continues Attomyr, to repetition, the organism becomes in time blunted even to the action of poisons. It was an experience of this that first led to the introduction of inter-current remedies. It has, Dr. Attomyr remarks, been stated that the size and the repetition of the dose are to be determined by the age, sex, temperament of the patient, the character and duration of the disease, and so forth. But all this appears to him erroneous. The repetition is determined by the size of the dose. As the action of large doses—so he says, contrary to the opinion of homœopathists—lasts but a short time, they may be repeated at short intervals. The 30th of aconite cannot be repeated every hour, even in an acute

pneumonia, but the 3rd may : the treatment of this disease with large doses often repeated corresponds, he thinks, more to the homœopathic principle than with high potencies at long intervals. I need hardly remark that in all this Attomyr, who is a reputed Hahnemannist, is quite at variance with Hahnemann, who directs that the acutest diseases shall be treated with the 30th dilution repeated frequently, in some cases as often as every five minutes. Hahnemann also ascribed to the higher dilutions a more transitory action.

When, says Attomyr, we are about to prescribe for a patient, the first question is—What medicine according to the homœopathic principle? the next—In what dose according to the homœopathic principle? The answer to the second question determines the question of the repetition. If we determine for a larger dose, this involves the necessity of more frequent repetition, and *vice versa*.

Dr. Attomyr appears to me to be a framer of pretty hypotheses, which, however, like the houses that children build of cards, require but a very superficial inspection to convince us of their hollowness, and need no very vigorous assault to overthrow them completely.

Dr. Koch, in his work *On Homœopathy*,^a so often referred to in the course of these lectures, thus formulizes what he has to say respecting the repetition of the medicines.

1. The more similar the medicinal agent, the less requisite is its repetition. Repetitions in very small quantities not only do no harm, but, on the contrary, are essential to the certainty of the cure.

2. The less similar the medicine, the oftener must the dose be repeated.

3. The more extensive the morbid process, the oftener is the repetition of the medicine required.

4. The more acute the morbid process, the more frequent must be the repetition; the more chronic the morbid process the more rare must be the repetition.

5. The more similar the medicine, the more hurtful is the repetition of large doses.

^a Die Homœopathie, 587.

Dr. Griesselich¹ subjects the recorded opinions of Hahnemann and his followers upon the repetition of the medicines, to a searching criticism distinguished by his usual sarcastic and genial talent. He says it is impossible to give fixed rules for the repetition of the dose for all cases; the characteristics of each case must be well considered, and must be our guide upon the subject. It is, says he, absurd to speak of the duration of the action of a medicine, we can only speak properly of the duration of the action of a dose; to say that arsenic, for example, acts for thirty or forty days is incorrect; we might just as well say it acts for ten minutes or for five years. In cases of cholera, arsenic may be given every ten minutes, and still the action of the former dose be expended before the next is given, whereas a slow arsenical poisoning may last for years. There is, he says, an incontrovertible rule for the repetition, and that is this: the dose of the properly selected remedy should not be repeated as long as a beneficial action is observed to continue from its administration. The repetition of the medicine, he says, is a real and important improvement in the method of administering it. The object of repetition is to retain the diseased organism in the state necessary to allow it to effect the cure. The repetition of the medicine renders its impression more lasting. The repetition of the medicine often repairs the error of a too feeble dose, it frequently effects what might have been accomplished by a first, more appropriate and more powerful dose.

In chronic diseases, when we are sure our selection has been correct, if within a certain period, to be determined by the urgency of the symptoms, no amendment is perceptible, we should repeat the medicine; but if the amendment is going on, we may advantageously leave the patient without medicine for days, and even for weeks; and give him unmedicated powders in the meantime. As a rule, the intervals between the doses may be longer in chronic diseases, and shorter in acute. In the latter, too frequent repetition is not so apt to do harm; whereas, by waiting too long, we may do positive injury, for to

lose time in such cases is to lose everything. Change of dose is very requisite even in acute diseases.

In acute diseases the periods of exacerbation must be our guide for the repetition of the medicine: thus in dysentery, vomiting, and cholera, we should repeat the dose after every evacuation; in colic, intermitting headache, toothache, and such-like pains, the dose should be repeated at every attack; and if the dose acts no longer, we should change the dose, which is a better plan than changing the medicine. A medicine may be its own antidote, as many observations show. Hence, in many cases the success of a well-chosen remedy may be destroyed by too frequent repetition.

Dr. Trinks, who was one of the first to insist on the necessity of repeating the medicine in both acute and chronic diseases, at a time when such advice was considered by the Hahnemannian purists little better than high treason, considers the subject of the repetition of medicines again at length in his *Materia Medica*. He says, if after one dose of a medicine the symptoms become altered in their character, the same medicine must not be repeated; but if the symptoms are merely altered in degree, this is an indication for repeating the medicine, and it should be repeated as long as it exercises a beneficial influence on the disease. It is, then, only the alteration and diminution in degree of the violence of the symptoms that, according to Trinks, can give a rational empirical indication for the repetition of the same medicine in a disease. Dr. Trinks says, that as no one dose of a medicine, even of powerful action, is capable of producing all its effects on the organism, so one dose is never sufficient to eradicate a deeply-rooted disease, albeit a superficial slight affection, even though it may have lasted some considerable time, will often yield to one dose. The rule Trinks gives for the period of the repetition is, that a second dose should not be given until the improvement effected by the first becomes stationary; and this rule, he says, applies to acute as well as chronic

diseases. The more the safety of the organism is threatened by the disease, the more rapid should be our repetition of the medicine; in the acutest forms of disease we shall have to give the medicine every four, three, or two hours, or one, half, or quarter of an hour, or even every ten or five minutes; and continue to give it in this way until the danger to life is past. In chronic diseases, he says, we shall much oftener have occasion to repeat the same medicine than in acute, for the changes in the latter are usually so rapid as to demand a change of remedy. In chronic diseases we should continue to repeat the medicine that we are certain is indicated, until either an alteration is effected or we are convinced that no improvement will follow its continuance. In these diseases it is not necessary to give the medicine oftener than every twelve, twenty-four, forty-eight, or seventy-two hours; for in them the medicines act more slowly than in acute diseases, and the frequency of the repetition must also be determined by the nature of the medicine, in regard to its being one of longer or shorter action.

The transient exaltation of the symptoms, often produced by too large and too often repeated doses of the medicine, may often be allayed by giving repeated smaller doses of the same medicine, and *per contra* the exaltation produced by small doses may be subdued by larger ones. In chronic diseases the susceptibility of the organism is often blunted by giving very frequently repeated doses of the same medicine, but occasionally the reverse happens, and the susceptibility is increased by repeated doses. In the former case we must give stronger doses, in the latter we must descend to smaller and still smaller doses.

Dr. Arnold, in his recent work on homeopathy,* gives the following maxims as the deductions from his observations on the subject of the repetition of the remedy:—

1. The smaller the dose is, so much the sooner is another necessary. This, however, is only true, he says, with respect to a certain strength of dose. Very massive doses are often soon expelled from the organism in

* Idiop. Heilv., 325.

consequence of the irritation they produce, and hence their action may be very transient.

2. The shorter the duration of action of a medicine is, the more rapid must be its repetition; the longer its action, the slower must its repetition be. The duration of action of a medicine is very various in different individuals and in different diseases. It is shorter in persons of lively nature, longer in those of a torpid nature; it may run its course in a few hours in acute diseases, while it may last days in chronic maladies.

3. The duration of the action of a medicine is different in the same person in health and in disease. It is generally shorter in the diseased than in the healthy body. The more rapid the course of the disease is, the more frequent must the repetition be, and *vice versa*. In acute diseases the dose must be repeated till crises appear; in chronic affections, until symptoms of reaction occur.

4. When anything occurs to disturb or stop the action of the medicine administered, the more frequent repetition of the medicine will be demanded. The more strict the diet, the more rarely is it requisite to repeat the medicine, and *vice versa*. It is a good plan to give two or three strong doses of a remedy and then a dose of its antidote, in cases of deeply-rooted diseases and little excitability of the organism.

There are many others whom I might have cited as having written with more or less learning on the subject of the repetition of medicines, but I believe I have, in what I have read to you, detailed the principal opinions that have been broached on the subject; and it would be a useless waste of your time to give you the details of those recorded opinions of other homœopathists of less note, which would be mostly mere repetitions of what you have already heard. I shall therefore bring this lecture to a conclusion by making a few observations on the subject of the repetition of the dose; a question, only second (if second) in importance to that of the selection of the dose itself.

It is evident to my mind that Hahnemann was influenced entirely by the theoretical notions he had adopted relative to the supposed curative action of the homœo-

pathic agent, in the advice he at one time gave to administer one, and only one, dose of the medicine. His theory was, as you are aware, that the disease yielded to the medicine in virtue of the medicinal disease being the stronger of the two; and further, such was his opinion of the enormous superiority of the medicinal disease in point of strength, that he held that the medicine could not possibly be given in so small a dose as that it should not be more powerful than the natural disease. Holding these views, it is evident that he must consider more than one dose as not only superfluous but injurious, as apt to disturb the operations of the medicinal disease already set up by the first dose. His direction not to give another dose before the action of the first is expended, which was the next modification of his teaching on the subject of the repetition, was also founded in error, or at least led to an almost impracticable practice, owing to his belief in the absolute duration of the action of the various medicines. It is certainly possible that a dose of calcaria will in some cases act for forty or sixty days, or even longer; but we can readily conceive cases where its action will not last longer than as many hours, or even minutes. Hahnemann did not at first take into consideration that the duration of the action of a medicine was entirely relative and conditional; and here again we find the great individualizer of disease dealing in the most extensive generalizations, in defiance of his own injunctions to individualize all cases of disease. As well might it be said that each medicine could only cure a disease of a certain duration. The repetition of the medicine cannot therefore be said to be determinable by the supposed duration of the action of the remedy. Hahnemann, indeed, practically abandoned this notion in his later years, and prescribed the repetition of the medicine, irrespective altogether of its supposed duration of action. The standard he then fixed was one of a very arbitrary character. The duration and intensity of the disease was to be our guide. It seems to have been some practical acquaintance with that most fearful and intense of diseases, cholera, that first led him to break through his former rule; for the whole duration of the disease, from its in-

vation to its termination by death or recovery, often did not amount to one-tenth part of the supposed duration of the action of the medicine ; accordingly, the medicine was to be prescribed in some cases as often as every five minutes.

It seems to me that no rule for determining the repetition of the medicine can be deduced, either from the supposed duration of the medicine's action, or from the intensity of the disease, or from the so-called potency of the medicinal preparation as some have proposed. I believe, it will ultimately be found that the repetition of the dose will be determinable by the periods of exacerbation of the disease. In chronic diseases, I believe, if we attend to their manifestations, we shall observe a certain amount of periodicity in them all. Some, for example, have regular periods of exacerbation and intermission ; others there are which still exhibit exacerbations or intermissions, but these are of an irregular character. Others, again, though not presenting any complete intermissions, will be found to offer at least remissions, corresponding it may be to different periods of the day, of the week ; or even of the lunar month. I think our repetition of the medicine in chronic diseases should be in a manner regulated by this periodicity of the disease. In regularly intermitting diseases we should give our medicine at some fixed period, anterior to, during, or subsequent to the fit, whichever experience shall determine to be the most appropriate time. When the fits of disease are irregular, as, for instance, in many cases of neuralgia, the medicine should be given during the attack. When there are merely remissions and aggravations at certain periods of the day, as is the case in most chronic diseases, our remedy should be given at some time having a stated relation to the period of the exacerbation, to be determined likewise by experience. In acute diseases, the frequency of our repetition of the dose must be determined by the rapidity of the disease, or by the danger attending it, or by the irregular exacerbations that occur in it ; thus it is a good plan in diarrhoea to repeat the medicine after every evacuation ;

in hooping-cough to give a dose after every fit, and so forth.¹ By this plan, as regards both the chronic and acute diseases, we shall make the action of the medicine bear a certain relation to the disease, not only in point of homœopathic character, but also as regards the periods of the development of the medicinal influence.

I cannot see how the dose of the medicine can influence us in regard to its repetition, although this has been adduced by some homœopathists as a determining motive. Thus Attomyr states that the smaller the dose the rarer must be its repetition; whereas, as the object of repetition is only to supply the deficiency of power in the original dose, we should naturally be induced to draw an exactly opposite conclusion from that given by Attomyr, and rather say with Arnold, the smaller the dose the weaker it must be, and the more occasion must there be for eking out this want of power by frequent repetition. True, practically, we almost all act upon Attomyr's rule, and we generally repeat the smallest doses more rarely than the largest, but the reason of this is not that given by Attomyr, but this—viz., that we usually prescribe the smallest doses in the most chronic diseases, where frequent repetition is inapplicable for other reasons, and we give the larger doses in acute diseases, and by repetition increase the power of the medicine. Thus we observe that Hahnemann, who had a uniform dose for all diseases, did not hesitate to prescribe the 30th dilution as often as every quarter of an hour in very acute diseases.

The object we have in view by the repetition of the medicine, viz., the increase of its power, could not in most cases, though it might in some, be gained by giving a much larger dose at once, for I have shown that, with regard to most medicines, the effects of a larger dose are totally different from those of a small one; the former

¹ Similar ideas respecting the repetition of the medicine are expressed in a paper by Dr. Scott, which I have perused in manuscript while these sheets were going through the press. As this lecture was first delivered nearly two years ago, the views expressed in it similar to those entertained by Dr. Scott were not suggested to me by his essay; in fact, I have merely followed up the hints given by Griesselich (v. antea, p. 467).

giving rise to the irritant or chemical effects of the medicine, the latter acting specifically, and as it is this specific action alone we wish to increase in the treatment of diseases, we can only effect it by repeating the medicinal dose with more or less frequency.

A great deal of needless fear prevails among some homœopathic practitioners with respect to destroying the effect of the first dose by repeating the remedy. This fear was undoubtedly first raised by Hahnemann himself, who spoke strongly of the bad effects that must inevitably result if the medicine were repeated before it had exhausted its action; but though by advice and practice he subsequently recommended a very frequent repetition of the medicine, some of his disciples have proved more Hahnemannian than Hahnemann himself, and have continued, long after his disavowal, to maintain the injuriousness of repeating the medicine within ten, twenty, thirty, or sixty days. The most notable of these repetition-dreaders is Bönninghausen, who, years after Hahnemann's adoption of the frequent repetitions of medicine, and in the face of two cases which he details from Hahnemann's practice, where repetitions were practised, refers back to Hahnemann's injunctions against repetition as being the *ne plus ultra* of the Hahnemannian system of treatment.^m If the medicine be given once a day in the majority of chronic diseases, I believe no accidents will occur that can be traceable to too frequent repetition, and I further believe that by this plan the good service that it is in the power of the remedy to render will be sooner effected, than if we give the dose less frequently. In acute diseases, I have never yet met with any disagreeable effects from giving the remedy at the exacerbation-periods previously alluded to, and though we do undoubtedly find that our medicine sometimes acts too violently, the amount of it given, more than the frequency of its repetition, will be found to be at fault.

^m N. Archiv, i. 1, 95 et seq.

LECTURE XVII.

ON THE ALTERNATION OF MEDICINES ; ON THE ADMINISTRATION OF MORE THAN ONE MEDICINE AT A TIME ; AND ON THE EMPLOYMENT OF AUXILIARIES.

THE subjects that will occupy our attention this evening have given rise to much wordy warfare among the disciples of Hahnemann, attended by a good deal of unnecessary bitterness on the part of those who pretend to be the Elishas of homœopathy—the sole inheritors of the prophetic mantle of our great Master.

In the first edition of the *Organon*ⁿ Hahnemann has the following remarks on the subject of the administration of medicines in alternation :—

“It is only in some cases of ancient chronic diseases which are liable to no remarkable alterations, which have certain fixed and permanent fundamental symptoms, that two almost equally appropriate homœopathic remedies may be successfully employed in alternation.” The reason he gives for this procedure is that the supply of thoroughly proved medicines is not yet sufficient to enable us to find among them one which shall exactly correspond to some cases. He regards this technical operation as a mere makeshift until better times—that is, until our *Materia Medica* shall be richer. In the later editions of the *Organon*^o he sets his face against this practice, on the ground that the number of remedies we know the physiological action of is no longer small, but suffices to meet every case, and also on this ground, that we cannot tell what alterations the first remedy will have effected in the morbid condition, so as to render the selection of an entirely different remedy imperative.

In some diseases, especially acute diseases of fixed character, however, he advised, from experience of its advantage, the alternation of two or more remedies.

Thus, in a peculiar kind of typhus fever,^p he advised the alternation of *bryonia* and *rhus*. In an epidemic of purpura miliaris^q he counselled the alternation of *aconite* and *coffea*. In croup he advised the alternate or rather sequential employment of *aconite*, *spongia*, and *hepar sulphuris*.^r

In the last edition of the *Organon*^s he says :—" When for other diseases also we may consider it requisite, as far as we can calculate, to give eight, nine, or ten doses of *tinct. sulphuris*, it is yet more expedient in such a case to interpose after every, or every second or third dose, a dose of another medicine, which in this case is next in point of homœopathic suitableness to sulphur (usually *hepar sulphuris*), and to allow this to act for eight, nine, twelve, or fourteen days before again commencing a course of three doses of sulphur." He also immediately afterwards states that it is necessary occasionally to interpose a dose of *nux* or *pulsatilla* betwixt the doses of sulphur in such a course, if sulphur symptoms make their appearance. Again, he mentions with approval the suggestion of Dr. Griesselich, to the effect that when we find that sulphur is not well borne by the patient we may interpose a dose of *mercurius metallicus*, when we shall find that after the action of the medicine the sulphur will be well borne by the patient. For the prophylaxis of cholera he advises the alternation of *cuprum* and *veratrum*.

In the *Chronic Diseases*^t he mentions, *inter alia*, that he had cured some cases of intermittent fever, or rather some epidemics, of that disease, with *aconite* alternated with *ipêcacuanha*, *cina* alternated with *capsicum*, *arnica* alternated with *ipêcacuanha*, etc.; and he further states that some kinds of marsh-ague can only be cured by *china* combined (alternated) with antipsoric medicines.

Dr. Hering^u was one of the first who wrote at length upon the technicality of the alternation of medicines. He says, that a very short time after he first became acquainted with homœopathy, in 1822, he cured a liver

^p Lesser Writings, p. 712.

^s Org., p. 292, note.

^q Ibid., p. 781.

^t Vol. i., p. 165, note.

^r R. A. M. L., vi. 19e.

^u Arch., xiii. 3.

complaint with jaundice by the alternate administration of *ruta* ϕ , and *ignatia* 12, every third or fourth day. Afterwards he found it a good plan to alternate a long and a short-acting remedy, both of which corresponded to a portion of the symptoms. He mentions that Dr. Ihm of Philadelphia cured a case of dropsy in a child by alternating *bryonia* and *pulsatilla*. It is, he says, often useful to give an acute remedy speedily after a chronic one; as *aconite* after *sulphur*, *hepar* after *silicea* or *zinc*, *nux* after *arsenic*. By so doing, he asserts, we do not put a stop to the action of the first remedy. In all such cases, he observes, there occurs a third action, corresponding to those symptoms in which both remedies differ from each other. Hence, says he, in the teeth of Hahnemann's advice, it is not advisable to give as prophylactics two such remedies as *cuprum* and *veratrum* alternately for cholera, for they will be unable in the very least to give protection against what they possess in common.

Relying upon this third action just alluded to, he has often given in chronic diseases two antipsorics, which each covered a portion of the symptoms, in rapid alternation. Thus to a liver case he first gave *kali carbonicum*, and followed it up by *carbo vegetabilis* in a few days, with wonderful success. In perfectly similar cases, neither the one nor the other remedy given alone was able to effect a like cure.

Hitherto, he says, he has generally given those antipsorics that act more briefly and slightly (such as *carbo vegetabilis*, *aurum*, *argentum*, *platina*, *cuprum*, *conium*, *colocynthis*, *dulcamara*, *belladonna*, *rhys*, *clematis*, *anacardium*, *staphisagria*, *thuja*, *sabina*, *sabadilla*, *moschus*), after the more powerful antipsorics (such as *causticum*, *phosphorus*, *natrum muriaticum*, *kali carbonicum*, *natrum carbonicum*, *calcarea*, *alumina*, *magnesia*, *silicea*, *agaricus*, *bovista*, *lycopodium*, *sepia*, *bulimus* (?)).

The administration of a remedy in alternation with its antidote he commends. He learnt this technicality, he says, in the dry bellyache of the West Indies. *Colocynthis*, which he found to be the specific for this disease, in some cases caused frightful aggravations, for which he gave black coffee by teaspoonfuls; and he found this

such an excellent plan, that he went on with it and treated numerous cases in this way. A similar plan he has adopted in reference to *conium* and coffee, *sepia* and vinegar, and occasionally *phosphorus* and *opium*. This practice is, he remarks, useful in the treatment of violent paroxysms of gout. He is of opinion that there are no such things as antidotes that completely do away with the action of a medicine; the stronger medicines always continue to act through the weaker. Camphor is, he says, adapted for alternation with very few medicines. In the alternation of remedies attention must, he insists, be paid to the symptomatic relationships of the remedies.

Dr. Gross* soon afterwards expressed himself favourable to the alternation of remedies. We have no reason to be embarrassed, he says, if we find that our patient's case is only partly covered by one remedy and partly by another, in that case we must give the two remedies in alternation; and he relates a case where he gave *belladonna* and *pulsatilla* every ninety-six hours alternately, with the most perfect success.

On a subsequent occasion† he again alludes to this technicality. *Aconite* and *belladonna* in alternation, he asserts, mutually complete their respective spheres of action; the same with *belladonna* and *lachesis*, and with *belladonna* and *sepia*.

Dr. Rummel, in a note to Dr. Gross's paper, corroborates this observation; he commends the alternate administration of *belladonna* and *mercurius* in quinsy, of *china* and the appropriate homœopathic remedy in masked intermittent fever, of *ipêcacuanha* and *antimonium* in gastric affections, of *belladonna* and *graphites* in lupus.

Dr. Hartmann expresses himself in favour of the alternation of remedies in certain cases. He has seen excellent effects from the alternation of *chamomilla* and *ignatia*, *ipêcacuanha* and *ignatia*, *aconite* and *coffea*. In his *Therapeutics*‡ he insists on the rationality of alternating two different remedies; in cases, for instance, where there is a complication of two different diseases, as scarlatina and purpura miliaris: *belladonna* corresponds to the

* Arch., xiv. 3. 12.

† Allg. h. Ztg., xvii., No. 6.

‡ Vol. i. p. 78.

former, *aconite* to the latter; and these two remedies may be given alternately every three hours, to the great advantage of the patient. *Dulcamara* and *belladonna* may, he says, be advantageously alternated in sore-throat. In phthisis, where there is an almost constant febrile state, it is, he says, good practice to give, in alternation with the principal specific, some apyretic remedy, as *aconite*, *acidum hydrocyanicum*, or *laurocerasus*. He also alludes to the necessity of alternating the remedies in croup, a practice which we have seen Hahnemann himself advises.

Dr. Egidiv says that in very painful diseases, such as toothache, where the selection of the appropriate remedy is often difficult, and must yet be made quickly, he found himself forced, in order not to lose his patient, to give him several remedies, perhaps three or four, and let him take one every hour or every two hours. He found this plan so successful that he fell upon the idea of extending it to the treatment of other diseases, where several remedies seemed to be equally indicated. He was gratified to find that his new plan proved most successful. In acute diseases, where three or four remedies were equally indicated, he gave them successively every two or three hours. In chronic diseases, under the same circumstances, he gives a different remedy morning and evening, or he changes only every day or every two days, and after the patient has finished the course he allows him to wait without medicine, in acute diseases twenty-four or forty-eight hours, in chronic, four, eight, or fourteen days, in order to give time for the reaction to take place. This practice is of course entirely exceptional, and only to be adopted where the difficulty of selecting any one from among three or four remedies, all equally indicated, is insurmountable.

Dr. Hirsch* expresses his high opinion of the rapid administration of several different remedies in alternation, and he states that the most careful observation has convinced him of the inestimable value of this technicality; he gives several cases where he gave *chamomilla* 12, followed in half an hour by *dulcamara* 30, which was

* Archiv. xiv. 3, 82.

* Allg. h. Ztg., v., No. 16.

repeated in twelve *minutes*; in another quarter of an hour he gave *pulsatilla* 30, and then *arsenicum* 30. Such a confused succession of different remedies gives us no high opinion of Dr. Hirsch's carefulness, either in observation or in selecting the right remedy, for it is very probable that he would have cured his case much better had he devoted more time and study to the selection of the one right remedy.

Dr. Kämpfer* looks upon the alternation of remedies as a makeshift indispensable in practice, in consequence of our inability in every case to determine which of two or more remedies is the best adapted for the case. He believes that when we succeed with this practice, our success depends on the antidotal relation of the medicines to each other. Where two remedies seem to be equally suitable, he believes it would be better practice to give first one of them in repeated doses, and watch what effect it produced before giving the other; about which I think there can be no doubt, only the cases in which it seems necessary to have recourse to the alternating practice are precisely those where we cannot afford to waste several hours without doing all in our power to relieve the patient.

Under certain circumstances, he admits the necessity of giving several remedies in rapid succession, but he says, contrary to the dictum of Hering, that the symptomatic relationship of the medicines among each other should not be our guide for their alternation or successive administration, but that the morbid picture should alone influence our choice. He gives a case of a very severe attack of croup, where he gave first *arsenicum* 30, then *phosphorus* 30, then *spongia* 6, and lastly, *hepar* 4, each in the dose of a drop in water, and the last three at intervals of a quarter of an hour; in two hours the danger was over. He does not hold this up as a model cure; in fact, he says he gave the remedies in this rapid succession, because he did not know which of the remedies was the most indicated, and the case was so desperate he could not wait till each had expended its

action before giving the next. I suspect these simple reasons alleged by Dr. Kämpfer are, in nine cases out of ten, the real reasons of most practitioners for adopting such a practice, and any other reasons that have been offered are generally put forward to conceal these real ones.

Where, says Griesselich,^b it is impossible to find the right remedy, then it is not only allowable but imperative to give in alternation two remedies of allied mode of action; but this, he says, is very different from that slovenly practice which would not take the trouble to ascertain which of two remedies was most indicated, but gives two or more remedies in alternation, in order to save trouble.

Dr. Trinks^c says, that the practice of alternating two medicines is adopted nominally in those cases in which among the list of proved medicines the most appropriate one cannot be accurately discovered. But he quietly hints that this may not be always the true reason for the practice, but that it may be sometimes owing to a subjective want of thorough acquaintance with the *Materia Medica*. It is, he says, strictly speaking, contrary to the principle of homœopathy, which allows of the employment of but one remedy at a time; and another remedy ought not to be given until the action of the first is carefully noted, for it may effect such a change in the morbid picture as to cause the second medicine to be no longer indicated. Although, he says, many cases have been cured by the alternation of two remedies, it is not a practice worthy of imitation. Homœopathy demands the greatest individualization and the greatest carefulness in the selection of the remedy, and cannot sanction such a procedure, the less so as the supply of well-proved medicines is now so great as to render it almost an impossibility that we should fail to discover amid the recorded pathogenetic symptoms the counterpart of the disease we have to treat. As a makeshift in certain cases the practice may be allowed; for two remedies given in alternation do often seem mutually to support each

^b Handbuch, 266.

^c Handbuch, Einleitung, lvii.

other's action, and perhaps we may grant that in certain cases such mutual support is necessary, but these cases are, at the best, exceptional; we know as yet no certain rules nor guiding principles for having recourse to the alternation of two remedies, and in our employment of this technicality we can be guided by experience only. There is no doubt that it tends to obscure our knowledge of the action of medicines. The alternation of three or four medicines, as recommended and practised by some physicians, smacks of the mixture-loving propensities of the old school, and is not to be tolerated or countenanced.

Dr. Marcy^d says: "In all cases of urgent acute disease, in which we can find no single remedy which corresponds to the prominent symptoms, it is necessary to select a second remedy which shall cover the remaining symptoms, and administer it in alternation with the first. Pneumonia is often accompanied by cerebral inflammation, typhus fever by serious disorder of the intestinal canal, the lungs, the brain, and nervous system; intermittent fever by enlargement of the liver, jaundice, cough, etc.; and other maladies by affections in other parts of the body, which are not strictly connected with the original complaint. In examples of this kind, the alternation of remedies is both proper and necessary; at the same time it must be remembered that it is far more desirable that a single medicine should be chosen which covers all the symptoms of the disease."

In this country, Dr. Beilby^e has recently denounced the alternation of medicines in disease in general, and in pleurisy in particular, whereas, Dr. Horner^f is just of an opposite opinion, and he states that *aconite* does not act nearly so well in inflammation of the lungs when given alone, as when alternated with *bryonia*.

As regards chronic diseases, I cannot help regarding the reason generally alleged for employing this technicality, viz., that the symptoms of the disease are not sufficiently covered by the pathogenesis of one medicine, but that they are by two, as utterly insufficient, and

^d Theory and Practice, p. 121. ^e Brit. Jour. of Hom. vol. x. ^f N. Arch., i, 2, 15.

there are much more powerful arguments for its total abandonment in such cases. For instance, what a blind and unthinking enumeration of symptoms does it not imply to say that the deficient symptoms of the one medicine may be eked out by the effects of another. Thus, suppose we find a medicine that corresponds to a case of disease in every respect, except that it has not among its recorded pathogenetic effects some particular stomach-ache or other pain that the patient complains of, and which is to be found in the pathogenesis of another medicine, which we shall suppose only corresponds to the case in this particular symptom, would it not be to set all science at defiance to give the first medicine and help out its action by the subsequent administration of the stomach-ache medicine? This practice is a relic of the barbarous compound prescriptions of the allopathists, and the reasons alleged for it are identical with those given in justification of this hotch-potch practice. But though it is a practice to be reprehended and avoided, I fear it is one that obtains pretty extensively amongst homœopathic practitioners in relation to chronic diseases; and the excuse often given is, that patients with these affections are seen at such long intervals that it is requisite to provide them with a course of medicine, and as it is unlikely they will be cured by one medicine, the next best is prescribed to follow or to be taken in alternation with the first. The more frequent private reason for the alternation in such cases is the uncertainty in the practitioner's mind as to which is the proper medicine—an uncertainty that must often exist even with the most skilful of us; and the rationale of the practice is the same as though a bad shot should put two or three bullets into his rifle, on the chance that if one missed the other might hit, though it is obvious that a good shot would be much more certain of hitting his mark with one bullet than more, as the presence of others might deflect the best-directed bullet from its course by their mutual concussions. The practice, by no means uncommon among the more slovenly practitioners of homœopathy, of giving in chronic diseases two different medicines of long action, one in the morn-

ing, the other in the evening, is in no way to be justified, though, as far as my experience goes, the alternation, at not very remote intervals, of a long and a short-acting medicine in chronic diseases is often highly successful. As a rule, however, in chronic diseases we should always wait for the effect of one medicine before administering the next; as by the action of the first the disease may have become so much altered as no longer to indicate the use of the second medicine.

It is otherwise with respect to diseases of a fixed course and character; such, for instance, as many acute diseases, where our medicines are employed rather for the sake of moderating the violence of the different stages of the disease, than with the hope of cutting short the entire malady. We know of some affections, for instance, where, after the febrile stage has subsided, certain other symptoms will inevitably set in, and we are quite justified, even by Hahnemann's rules, in prescribing one remedy adapted to the febrile condition, followed by another more specifically suited to the other symptoms, and if the febrile disturbance should have a tendency to recur at any stage of the disease, our antipyretic may be again interposed with advantage.

The alternation of remedies is also justified in those cases where we have previously had experience of the course the disease will take, and of the benefit to be derived from different medicines at different periods. For instance, we know of some diseases, from experience, that a certain medicine will bring them a certain length on the road to cure; but that this medicine is advantageously followed up by such another medicine, and the first medicine is useful after a certain action of the latter. The utility of experience is shown by our being able to predicate beforehand the effect one medicine and then another would have; but I confess such cases occur but rarely, especially among chronic diseases; and therefore the prescription of medicines in alternation is very seldom to be justified. As a rule, the safer, better, and more scientific plan is, in every case where that is possible, to take a fresh survey of the case after the administration of every medicine, before we think of proceeding to the

prescription of another medicine; for it may and often does happen that after the patient has taken our first medicine for some time, the symptoms still indicate the repetition of that medicine, or are so far altered as to demand quite a different remedy from the one we thought at first would rightly follow that we first prescribed. The case, however, is different where we feel pretty well assured that in the course of the disease some symptoms of a fixed character will arise that will indicate the employment of another and totally different medicine; *e. g.*, when, in the case of females, the menstrual function is certain to be accompanied by a definite array of symptoms, which we know will require to be treated with some particular medicine. The alternation of a medicine and its antidote, as proposed and performed by Constantine Hering—in this way, *viz.*, giving a globule of *colocynth* 30, and a teaspoonful of black coffee alternately—seems certainly to be highly unscientific, but he claims for it a success which, if authenticated, would undoubtedly justify its employment; possibly there is truth in his allegation that a stronger medicine acts through its weaker antidote. Hahnemann has advised in the *Organon* the occasional alternation of medicines that have a very similar action, such as *sulphur* and *hepar sulphuris*, but this was at the time when he entertained the idea that a medicine could not bear to be repeated in two or more successive doses; and we may conceive that these directions were annulled by his subsequent admission that a medicine might be repeated an incalculable number of times, not only without bad effects, but with great advantage. In diseases of such frightful rapidity as cholera, where the symptoms change from minute to minute, it is often imperative to give the most appropriate medicines in alternation. In cases of disease attended constantly or intermittently with some febrile action, almost every practitioner has seen the benefit of alternating *aconite* with the more homœopathic specific, and the results of practice show the absurdity of the fears of our clerical censor, to the effect that by such a procedure we would destroy the specific relation of the disease to the latter medicine. The illustration he gives, if I re-

member rightly, is this: that *belladonna* is the homœopathic specific for scarlet fever, but if we take away the fever by means of *aconite*, we leave the scarlet only, for which *belladonna* is not specific. But he might make himself perfectly easy on this head, for we cannot take away the fever without destroying the specific malady on which the fever depends, and if this can be done by means of the alternation of *aconite* and *belladonna* better than by *belladonna* alone, the practice is good; for we are not concerned, in our treatment of any disease, to vindicate the claims of any particular medicine to be the specific of that disease, but to cure the patient. A fact or two, however, is worth all the speculation in the world, and therefore I may call your attention to the statement of Dr. Bechet, in his recent work on *Purulent Meningitis*, to the effect that when he ceased to give the suitable medicines in alternation the disease became aggravated.*

Hahnemann mentions several substances as suitable when given successively in chronic diseases; thus he states that *calcareæ* follows *sulphur* well, and *lycopodium calcareæ*, that *mercurius*, *belladonna*, and *iodium* are a good series, and that *sepia* and *natrum muriaticum* succeed each other well. Whether it was merely experience, or the certain symptomatic relationship the medicines in these series bear to each other, that led Hahnemann to recommend them in succession, I am unable to determine, but it is certain that he did not intend either series to be given absolutely, but only if on investigation the symptoms of the disease admitted of their administration. What he probably meant to say was, that it would often be found that after the administration of *sulphur* for instance, *calcareæ* would be indicated; but this is very different from the practice of some homœopaths, whom I have seen prescribe for a case of chronic disease a long list of remedies to be taken in succession, whatever might happen. Such practice is mere slovenliness and carelessness; for it would be impossible for us to be certain that the second

* Op. cit., p. 196.

remedy in such a prescription would still be indicated after the action of the first had expired, or the third after the use of the second. Hahnemann's advice on this point is to be considered useful, in so far as that we may expect such and such medicines to be indicated after such and such others; but it was never meant by him to supersede the necessity for making a careful survey of the case, after the expiry of the action of each medicine, in order to obtain the indications for the next remedy to be given.

Hahnemann also speaks occasionally of intercurrent remedies—medicines, to wit, that might be interposed betwixt two doses of an antipsoric. This plan he proposed at the period when, with the exception of a few remedies, he absolutely forbade the repetition of any antipsorics without the interposition of another remedy. Latterly, however, as we have seen on a former occasion, he entertained no dread of repeating the remedy an incalculable number of times, so that if the medicine continued still to be indicated, there would now be nothing un-Hahnemannic in repeating it immediately without the interposition of any intercurrent remedy.

Still, in some of the instances Hahnemann gives, we may find it necessary to give one of his intercurrent remedies; thus, there can be no doubt that it is of great use in cases of chronic disease, where the menses come too early, too profusely, or last too long, to interpose a dose (or several doses) of *nux vomica*. The more constitutional treatment is not thereby interrupted but rather assisted.

The next point that demands consideration is the question—*Is it unnecessary to give two or more medicines at once?* Almost the first attacks of Hahnemann upon the practice of the old school were denunciations against its complex prescriptions, and almost his first earnest entreaty to his colleagues was to give but one medicine at a time. However thoroughly we may know the action of two medicines separately, it is, says he, impossible that we can, from any knowledge we possess of their separate action, predict what will be their effects in combination.

Quackery, he exclaims, always goes hand in hand with complex mixtures.^a What a withering sarcasm does he not pass upon the ordinary scientific hotch-potch system in that extraordinary preface to the *Thesaurus Medicaminum*!¹ How he shows up the extravagant folly of the pedantic prescriptions of the old school, with their constituent, base, excipient, corrective, and director. The arguments that hold good against the mixtures of the old school are equally applicable to any combinations of the homœopathic medicines. Notwithstanding this, several leading men in the homœopathic body have seriously proposed a practice tantamount to the mixing of two different remedies in one prescription. In the first volume of the *British Journal of Homœopathy*, Dr. Liedbeck of Sweden proposes to give, in cases where two medicines seem equally indicated, the chemical compound of such two, if such a substance exist; for example, he says that in chlorosis, with affection of the lungs, in which *iron* was indicated, and at the same time *sulphur* required for some cutaneous disease, he had found it very advantageous to administer the chemical combination of these two substances, to wit, *sulphuret of iron*. Again, he believes that the beneficial action of *acetate of iron* in chlorosis depends as much upon the anemia-producing power of the *acetic acid* in the medicine as on the specific virtues of the *iron*; for the physiological action of the *acetic acid*, he refers to the popular experience that vinegar produces emaciation; and he makes a statement, very remarkable as coming from so sagacious and old a homœopathist, to the effect that we know of no physiological proving of the *acetate of iron*, when we are told by Hahnemann himself, that most of the symptoms he gives under the head of *ferrum* were produced by its acetate. *Nonnunquam bonus dormitat Homerus*. Dr. Liedbeck is so proud of his introduction of this mixture-practice into homœopathy, that he soundly rates Dr. Hering for plagiarism of his original idea, when the latter worthy recommends *calcareæ arsenica* for the cure of epilepsy.^k Many years before this, however, Dr. Ægidi^l had made a proposition for

^a Lesser Writings, p. 618.¹ Ibid., p. 398.^k Brit. Journ. of Hom., viii. 320.^l Archiv, xiv. 383.

the mixture of two remedies in certain cases, which deserves our attention, as it gave rise to a good deal of controversy amongst our German colleagues. He begins by saying that we all know the wonderful effects of mineral waters in certain cases, how they sometimes cure diseases that have resisted all the resources of art; and when we examine the mineral waters, we find that they contain, in small quantities generally, more than one antipsoric medicine. This fact may, he says, be useful as a hint to the homœopathist in the treatment of certain obstinate diseases, and whilst bearing always in view the great therapeutic law of *similia similibus*, he may still give two medicines in combination. Supposing a case for which he cannot find any one medicine that covers the whole symptoms, but that one portion corresponds to the action of one medicine, and the remainder to that of another; in such a case it is, he contends, useful to give the two remedies together. A certain number of the globules of each is to be put in a bottleful of water, the whole well shaken, and thus given to the patient. He observes that it won't do to give medicines thus that antidote each other, or such as have a symptomatic relationship; on the contrary, this procedure is only admissible with remedies that have a totally different mode of action. He says we act according to this principle when we give such compounds as *hepar sulphuris* and *cinnabar* (he forgets to say that one of these at least has been perfectly and the other partially proved by Hahnemann himself), and he states that Hering virtually recognises the same practice when he proposes^m to prove *augite*, *lapis lazuli*, and other minerals, which are only chemical compounds of substances already employed in homœopathy; but it is one thing to recommend the proving of a compound body, and another to propose its administration without proving: the first is in accordance, the last contrary to all the teachings of Hahnemann and the very first principles of homœopathy. Ægidi's suggestion caused, as I have stated, some little controversy among the German homœopathists, and the practice he proposed was gene-

^m Archiv, xiii., 2, 47.

rally condemned, even by those whose opinions in other respects did not always coincide with the teachings of Hahnemann. It was universally agreed that it would be a dangerous innovation on the hitherto pure and simple practice of giving only those remedies whose positive action on the healthy was known.

Schroen^a has a few remarks upon this subject, which are distinguished by his usual common sense. He says the mixing of several homœopathic medicines is not only repugnant to the fundamental idea of homœopathy, but it renders quite unserviceable an *a posteriori* source for obtaining a knowledge of the actions of medicines. Two medicines, we believe, cannot act exactly alike, and our aim is to select the most appropriate one. When this is done it is quite superfluous to administer along with it the second less appropriate medicine. Were this to be given on account of some secondary symptoms, it could only proceed from a want of diagnostic knowledge or from ignorance of the pathological relationship of the symptoms; in both instances, therefore, from false grounds. If the medicine we select is chosen in reference to the pathognomonic primary symptoms, then there is no occasion to give one at the same time for the secondary symptoms, which are dependent on the former. For the idea of disease, like the idea of organism, is a totality, a unity. But supposing two remedies were to possess exactly the same action, the only reason for giving the second would be in order to increase the power of the first, a practice utterly inexcusable when the same object could be obtained by increasing the dose of the first; and in the latter case, we should know for certain which medicine was instrumental in the cure. The employment of mixtures of medicines could, says Schrön, only be admissible after the pure effects of such mixtures had been ascertained on the healthy.

It was in conformity with this last-mentioned rule, that Dr. Molin^o thought of the employment of mixtures of our homœopathic remedies, whereby he expected very good results would be gained to practical medicine; but as he

^a Naturheilprocesse, ii. 247.

^o Journ. de Méd. Hahn., Dec. 1840.

knew that it was impossible, from the known effects of two simple medicines, to predict what should be the effect of these when conjoined, he proposed that they should be proved in combination, and actually carried his proposition into effect as regards a few substances. He tried, namely, *nux vomica* in combination with *sulphur*, and *belladonna* in combination with *aconite*, on several persons, and thought he detected symptoms from their use, which were proper to each ingredient in the mixture. If there be any truth in the doctrine of antidotes, the results should have been nothing at all; for *nux* we are told is the antidote of *sulphur*, and *belladonna* the antidote of *aconite*. When the mixture heresy was first mooted, Dr. Griesselich^p pointed out the necessity of instituting physiological experiments with the mixtures, and at the same time he made a few trials with mixtures of globules on patients, but with no encouraging result. He shortly after this^q declared the whole business to be a retrograde step. Another modification of the mixture-practice is what we find to prevail pretty extensively in recorded histories of homœopathic treatment, viz., the giving of one medicine internally, and the local application of a perfectly different one. Thus we often find *arnica* used externally as a lotion, and *aconite* or *belladonna* given the while alternately; and Mr. Leadam has detailed some cases in the tenth volume of the *British Journal of Homœopathy*, where he gave some medicine, such as *calcareæ* or *lycopodium* internally, while using a local application of *calendula* to the womb.

Yet another variety of this practice is that proposed by Drs. Roux and Panthin at the Congress in Paris, in 1851, and more recently by Dr. Gauwerky at the homœopathic meeting at Dusseldorf, in 1853, to mix, namely, two or more different dilutions of the medicine together, in order that the patient might enjoy the advantages likely to flow from the use of both high and low dilutions.

I cannot help thinking that the mixture-practice, under whatever variety it presents itself, is a dangerous innovation on the simple prescriptions of Hahnemann, for we

^p *Freakogem.*, i. 178.

^q *Op. cit.*, ii. 116; *Hygea*, vi. 519.

have not the slightest evidence to show that the action of a chemically compounded body will be at all like that of both the simple substances of which it is composed; that *arsenite of lime*, for instance, as Hering has proposed, will have the united effects of *arsenic* and *lime*, or that the *iodide of mercury* will exhibit the properties of *iodine* and *mercury*. All previous experience teaches us the reverse. How unlike in every respect is the neutral salt muriate of soda to its constituents, muriatic acid and soda; how different the effects of sulphuric acid and lime from those of their compound, sulphate of lime. Still less have we reason to believe that the mere admixture, without chemical combination, of different homœopathic medicines will produce a *tertium quid*, having the united properties of both, especially if they be, as Dr. Molin proposed, substances of allied and therefore antidotal action. Each medicine, simple or compound, must be proved as to its effects on the healthy, before we can venture to give it with confidence to the sick, and any administration of the compounds, without first proving them, is nothing more nor less than crude empiricism; and yet not only has the administration of such chemical compounds been gravely proposed, without preliminary physiological proving, but the mere mixture of our ordinary polychrests has been advised and practised. A homœopathic practitioner once seriously informed me that his practice was to give in almost every case a mixture of several homœopathic medicines, for he felt convinced that those that were not suitable would not act, but only the one that was indicated, if it happened to be in the mixture. According to this plan, the most infallible method would be to make an universal medicine, by mingling together in certain proportions every known and unknown medicinal substance; and if the disease was subject to the power of medicine at all, this wonderful compound must inevitably cure it. In fact, such a plan was actually proposed some years ago by a homœopathic *dilettante*, who gave the name of *omnium* to his delectable compound. He should methinks have rather termed it *omnibus*.

The next question that falls under our consideration

is this—*Are there any modes of treatment not strictly homœopathic admissible or necessary in conjunction with the homœopathic treatment?* This question, which must be answered decidedly in the affirmative, might well form the subject of a separate lecture, but as it is not my intention to go into minute details respecting all the auxiliaries required or available by the homœopathist, I shall only cursorily allude to the various accessories that may be advantageously employed in certain cases.

Hahnemann was very shy of advising anything that could have the appearance of interfering with or superseding the employment of the homœopathic medicines. However, we find that even he did not altogether refuse to resort to other methods in cases that required them. He recommended,¹ for instance, a resort to what he terms antipathic or palliative measures in urgent cases, where the danger to life is so great and imminent as to preclude the employment of the homœopathic medicines; in cases, for example, of asphyxia and suspended animation from lightning, suffocation, freezing, drowning, etc. In such cases we should employ, he says, slight electric shocks, clysters of strong coffee, powerful perfumes, gradual application of heat, etc. etc. Also in cases of poisoning, the antidote, chemical or otherwise, should be used. In a paper read before the German Homœopathic Society, in 1830,² and also in the first edition of the *Chronic Diseases*, he advises the employment of fine electric shocks in paralytic affections, and the application of a pitch-plaster to produce an eruption on the skin. In the second edition of the latter work,³ however, and in the last edition of the *Organon*, he solemnly retracts this advice. In certain cases he advises the employment of animal magnetism,⁴ in a very moderate manner, however. The Priessnitzian water-cure he sets his face against;⁵ but he highly approves of certain appliances of the cold-water system for the cure of paralysed parts. The methods he alludes to are chiefly cold-water douches and shower-

Organon, § lxvii., note. ¹ Translated in the Brit. Journ. of Homœopathy, vol. xi.

² Chron. Kr., i. 176.

³ *Organon*, 5th edit., § cccxiii., cccxiv.

⁴ Brit. Journ. of Hom., vi. 416.

baths; and these he holds to be homœopathic in their action, as he says cold water in its primary action causes partial insensibility and immobility of the parts it is applied to." The auxiliary employment of some of the appliances of the so-called hydropathic system has met with much greater favour at the hands of many of Hahnemann's disciples, and a great deal has been written upon the water-cure by homœopathic practitioners; some of whom have attempted to refer its beneficial effects to its homœopathic action, like Hahnemann; whilst one, a certain Dr. Starke,^{*} attributes its influence to the infinitesimal quantity of *silicea* contained in suspension in spring water, a very far-fetched and utterly untenable idea, methinks. Others, whilst pointing out its advantages as a therapeutic agent, used either alone or in combination with homœopathic treatment, have seen and stated that its effects cannot be generally ascribed to the homœopathic principle. Among those of our body who have written on the water-cure I may direct your attention to the essays of Kurtz,[†] Brutzer,[‡] Hampe,[§] Ott,^{||} and Russell,[¶] by whom the subject has been pretty well exhausted. It is evident that the water-cure can form no alliance with allopathy, for the most distinguished hydropathic practitioners, in this country at least, either reject altogether the use of drugs, or only employ the homœopathic remedies when they consider it requisite to have resort to medicinal treatment.

Some homœopathists have expressed partial approbation of blood-letting in certain cases; but I confess I am unable to imagine its utility, except in those cases of plethoric individuals, where a bleeding at very short intervals has long been practised, and where the patient is threatened with untoward symptoms, from the want of his accustomed depletion. In such cases it might be dangerous to trust to a sudden stoppage of the periodical depletion, but of course we should only have to practise it at the commencement of our treatment; the beneficial change induced by the homœopathic treatment

^{*} Chr. Kr., i. 176.

[†] Ueber d. Werth d. Heilm. d. Kalt. Wasser.

[‡] Est. Ztsch., i. 2, 241.

[§] British Journal of Homœopathy, vol. xi.

^{||} Hygea, xv. 475.

[¶] Allg. h. Ztg., xxx. 353.

^{||} Hydrohomœopathie.

would soon supersede the necessity of resorting to any such barbarous practice. It is a question if the hemospastic apparatus of Dr. Junod, which Hahnemann occasionally employed, would not, even in such cases, enable us to dispense entirely with the abstraction of blood.

Among those homœopathists who have given a qualified assent to the employment of blood-letting in certain exceptional cases I may mention Dr. Kretschmar,^d who considers that a small bleeding or the application of leeches may be advisable in cases of sudden inflammations of the brain or heart, in croup, and also in pneumonia. Dr. C. Hering^e counsels the application of a few leeches to the throat of children suddenly seized with croup, pending the arrival of a physician. Dr. Müller and Dr. Rummel^f both allowed the occasional necessity for blood-letting at the commencement of their homœopathic practice; but the latter subsequently denied that it was ever necessary in those cases of acute inflammation where formerly he had supposed it might be useful. Dr. Rau was at first not sure that we could altogether dispense with blood-letting in acute inflammations, and in one of his works^g he actually details a case of inflammation of the lungs, which he treated with venesections and homœopathic remedies; but at the same time he states that this was the last case in which he considered it necessary to resort to the practice, so that latterly he seems to have doubted altogether of its value under any circumstances. Professor Henderson^h says that he has occasionally deemed it expedient to resort to the local abstraction of blood in some acute diseases, in order "to facilitate the action of the homœopathic remedies;" but it is very seldom that he has considered this necessary. Dr. Chargéⁱ considers that cases may occur, though only rarely and exceptionally, where blood-letting may be required. He says, "I willingly allow the lancet to rust in its case, but I do not break it." On the other hand, it has been shown by Dr. J. W. Arnold,^j that venesection

^d Allg. h. Ztg., ii.

^e Domestic Physician.

^f Allg. h. Ztg., ii.

^g Werth d. Hom. Heilv., 202

^h Homœopathy Fairly Represented, p. 27.

ⁱ Rev. hom. du Midi, i. 224

^j Hygea, xxii. 1.

has no claim to be considered an antiphlogistic. Drs. Elwert^k and Schubert^l have written articles condemnatory of bleeding; and Dr. Rückert^m replied to the article of Kretschmar formerly alluded to, denying the necessity, though admitting the antiphlogistic power of blood-letting. Methinks now that some of our allopathic brethren, especially Dr. Dietlⁿ of Vienna, have statistically proved not only the absolute uselessness but the positive injuriousness of bleeding in pneumonia, there is little occasion for us to defend, still less to recommend the employment of such a hurtful mode of treatment, when we have real antiphlogistics of undoubted efficacy with which to combat every variety of inflammation. It may inspire ignorant bystanders with great respect for us to see us plunge our lancet into the turgid vein of our oppressed patient, draw off a crimson stream of that vital fluid, "for which," as Hahnemann says,^o "even Moses showed so much respect," and thereby procure for him an immediate though transient remission from his sufferings; but we shall better consult his advantage and our own credit as curers of disease, if we resort to the more laborious but less ostentatious work of carefully selecting the specific remedy homœopathically indicated for the disease.

We occasionally, though rarely, find that it will not do to stop suddenly the use of purgatives in those long accustomed to their almost daily use, we shall succeed much better if we gradually limit their employment; though, on the other hand, in most cases, we can prohibit them at once and for ever, without any bad results. In the course of some diseases it undoubtedly happens that the bowels will not display any reactive power to the influence of our homœopathic medicines, and in such cases it occasionally becomes necessary that we should assist their action by means of a lavement, a cold-water compress, or a dose of castor-oil. There is no advantage gained by bigotedly refusing to avail ourselves of these almost mechanical means of removing a mass of

^k Allg. h. Ztg., xxxiii. 13.

^m Allg. h. Ztg., ii.

^o Lesser Writings, p. 609.

^l Kann der genaue Kenner, etc. Pirna, 1838.

ⁿ Der Aderlass in der Lungenentzündung.

impacted indurated fæces, under the delusion that by so doing we are departing from the homœopathic principle. The cause of the obstruction is, in nine cases out of ten, owing to some anterior allopathic treatment, to the sudden stoppage of all the accustomed irritant medicines which had been used for bringing the bowels into unnatural activity, and which, by their over-stimulating effects, had left them in a state of morbid insensibility to the usual stimuli. I have recently treated with perfect success a case of chronic disease of many years' duration, where the patient had been in the habit of taking a daily purge, gradually increased from the weakest to the strongest doses, and where the bowels could not be brought to act by any known homœopathic medicament, nor even by the most diligent use of lavements or the kine-sipathic processes. As the patient suffered excessively if the bowels remained constipated for a few days, I allowed her to use castor-oil occasionally at her own discretion, advising her not to take it oftener than twice a week. She soon found, as her health improved under the homœopathic treatment, that much smaller quantities of castor-oil sufficed than those she had been in the habit of using; subsequently that she could substitute the lavement of warm water for the castor-oil; then that the bowels would be opened twice or thrice a week naturally, and finally, they came to open every day without assistance; at first with some considerable straining, but afterwards without disagreeable feelings.

In the eleventh volume of the *British Journal of Homœopathy* the question of the necessity for occasionally having resort to purgatives has been well discussed by Dr. Black, who, whilst he contends for the general sufficiency of homœopathic treatment for the cure of diseases where drugs are required, admits that there are exceptional cases where the use of aperients is necessary. These exceptions may, he says, be classed under three heads:—

1. Where a foreign body has been swallowed, and it is deemed expedient to hurry its expulsion through the bowels.
2. Where a patient has for a long time taken aperients, and where, at first, the careful administration of homœopathic remedies is for a short time insufficient

to produce an evacuation, even with the aid of simple injections. 3. Where organic stricture or other mechanical obstacle prevents the passage of a solid stool.

I am inclined to doubt if purgatives will be of much service in the first class of cases supposed by Dr. Black, except the foreign body be small, and its composition of such a nature as to render its expulsion a matter of immediate necessity. Thus in the case supposed by Hahnemann, of a hard dry pill of *belladonna* or other narcotic poison, we can conceive that if it pass rapidly through the bowels it may produce no poisonous effects, but that it might be dissolved and so be enabled to act, by a longer sojourn in the alimentary canal, exposed to the action of the intestinal secretions; hence its rapid expulsion by a saline purgative would perhaps be a judicious and even a necessary procedure. In the second case, the occurrence of a prolonged constipation might, in many cases, be innocuous, if unattended by other sufferings attributable to the confined state of the bowels, such as headache, pain, etc. In the third case, purgatives are sometimes imperatively required.

The use of certain derivative appliances has been practised and recommended by some homœopathists (and by Hahnemann himself as lately as 1830, as I have shown above); for instance, in cases where the eruption of an exanthematous fever has been suddenly suppressed and serious cerebral excitement has resulted, it has been proposed to apply some irritant to the skin, such as mustard, ammonia, or tartar-emetic ointment, frictions with onions, etc., with a view of obviating the immediate danger by a restoration of the exanthematic process to the skin. I am unable to speak from experience of this plan, but there seems to be some plausibility in it, and it might be tried in the event of the failure of our homœopathic remedies to restore the eruption to the skin.

The employment of stimulants, such as wine and brandy, in certain forms of typhus, with low muttering delirium, feeble pulse, and excessive prostration of the vital powers, is occasionally necessary; and I have seen many cases which were apparently rescued from sinking by their use. Most homœopathists are agreed on this

point, and the exhibition of such stimulants may be looked upon more as a dietetic than a medicinal remedy; but though very useful in such cases, their indiscriminate use in the debility accompanying many chronic diseases is highly pernicious, and their occasional employment in such cases is only to be allowed under certain rare circumstances. Such an employment of them clearly belongs to dietetics.

In croup, I have found it a good plan, at the suggestion of Griesselich,^p to apply to the throat a sponge dipped in hot water, it often gives almost immediate relief; it should be applied disagreeably warm.

There are many of the processes of the water-cure and of the kinesipathic system that may be used with advantage as auxiliaries to homœopathic treatment.

The employment of a small galvanic battery or of the galvanic chains of Pulvermacher is often advisable; and I have witnessed remarkable results from the use of Burq's metallic chains in nervous and hysterical subjects, where there is deficient sensibility of the skin of the extremities. The hemospastic apparatus of Dr. Junod was employed occasionally by Hahnemann himself, and seems to offer certain advantages in the treatment of congestions of important organs. In such cases its application will often enable us to administer with success a homœopathic remedy, which might be unable to act in consequence of the congestion. In cases of apoplexy and hemorrhage from various internal organs it seems to offer every chance of being useful. Dry cupping, of which Junod's apparatus is a modification, has been used and recommended in similar cases by many homœopathists.

We have the authority of Hahnemann for the employment of animal magnetism in certain cases, and most of us have witnessed its good effects in some affections.

Nor is it beneath the consideration of the homœopathist to attend to the practical rules deducible from the observations of Reichenbach, more especially in reference to the position of the bed, in cases of nervous patients, as it has been found, as you are doubtless aware, that certain nervous patients cannot obtain quiet sleep unless they

lie in what is called the magnetic meridian, that is, with the head to the north and the feet to the south.

Another method of treatment, which is but little known in this country, but of which some of the homœopathists of Germany have availed themselves to a considerable extent, is the so-called thirst-cure of Schroth, which consists in forbidding the patient drinks of all kinds, except perhaps a very small quantity of wine every two or three days, and in allowing as the only food stale wheaten bread. I have heard of some extraordinary cures, especially of malignant tumours and other supposed incurable maladies, effected by this method, of which an account has been given in the eighth volume of the *British Journal of Homœopathy*.

On the subject of auxiliaries to homœopathic treatment I would refer you to an excellent paper published by Dr. Madden, in the seventh volume of the *British Journal of Homœopathy*, where you will find many points treated of much more thoroughly than I am able to do on this occasion.

In a course of lectures specially devoted to an exposition of the homœopathic doctrines and practice, I cannot but feel that I should scarcely be justified in occupying your time with a detail of matters that do not strictly belong to my subject, but at the same time I could not omit all allusion to the use of auxiliaries, more especially as it is of great importance to the homœopathic practitioner to be made aware of any means whereby the cure of his patients may be advanced and the action of his specifics promoted. A great deal of nonsense has been written by certain homœopathic purists on the subject of non-homœopathic auxiliaries, as well in this country as abroad, which I think we might have been spared, had the writers allowed their common sense to guide them instead of their prejudices. It seems as though they held it to be a species of high treason towards Hahnemann to cure patients in any other way than by homœopathic medicines; but it should be remembered that the mission of the physician is to investigate every method of treatment that seems likely to benefit his patients, and that when any new method is presented to

him his first inquiry should be not—Is this homœopathic? but—Is this useful in the treatment of disease? The most rigid self-styled Hahnemannian can scarcely fail to employ in his practice many remedial means for the cure of his patients which the wildest imagination could not pronounce homœopathic; such as a regulated diet, air, exercise, fomentations, poultices, compresses, cold bathing, lavements, etc., besides the multifarious operations of surgery; and having thereby conceded the principle that something besides homœopathic medicines is necessary for the cure of diseases, it is difficult to see why he should express such alarm, and so loudly condemn other means which have the same object, viz., the promotion of the cure of diseases without interfering with the action of the specific remedy, far less superseding it. Of such a character are the non-homœopathic auxiliaries I have just alluded to, and I have no hesitation in saying that the practitioner who, from a bigoted notion of consistency to homœopathy, should refuse to employ other means in cases where homœopathic medicines are not applicable, would be highly culpable, and would be sacrificing his patients for the pursuit of a whim.

Cases in which it is necessary to resort to other than homœopathic means for their cure are undoubtedly rare, but we cannot shut our eyes to the fact that they do occur, and he is the best practitioner who knows how and when to avail himself of all the aids and appliances nature and art have placed at our disposal for the cure of disease, or its palliation when incurable.

LECTURE XVIII.

MODES OF ADMINISTERING THE HOMŒOPATHIC REMEDY ; LOCAL EMPLOYMENT OF MEDICINES ; HOMŒOPATHIC PHARMACEUTICS.

HAVING with all due care selected the most appropriate homœopathic remedy, and determined the magnitude of the dose, or the potency of the dilution in which we deem it necessary to exhibit it, the next question that offers itself for consideration is this:—How is this medicine to be administered, in order that the patient shall derive the greatest amount of benefit from it? And we shall presently find that the mode of administering a remedy admits of considerable variety, both in respect to the *form* in which it is given, and the *part of the organism* to which it is applied.

I shall now proceed to run over the modes of administration of remedies proposed and adopted by Hahnemann, and then go on to consider the variations on his modes proposed by others.

In the essay on *Scarlet Fever*, published in 1801, he makes mention of several modes of administering the remedy. Thus, for the fully developed scarlet fever he employed opium either externally or internally. If he resolved to give it externally, he laid upon the child's epigastrium a piece of paper (according to the size of the child, from half to one inch in length and breadth), moistened with strong tincture of opium; and if he thought it advisable to give the remedy internally, he gave the dose mixed with from one to four tablespoonfuls of fluid, either water or beer.

At a later period, he rejected entirely these methods of giving the medicine, and he asserted,^p that by its intimate mixture with a fluid the medicine obtained a great increase of power, as its volume was thereby increased; he now directed it to be given in the smallest possible volume,

viz., a drop mixed with starch, or milk-sugar, or a sugar-globule imbibed with the dilution, to be laid upon the tongue and allowed to melt there; and he cautions against drinking anything for some time after taking the medicine, for fear of increasing too much its strength by its solution in the stomach in any considerable quantity of fluid. The introduction of sugar-globules into homœopathic practice by Hahnemann seems to date from the year 1813 or thereabouts, if I may be allowed to judge from an expression of his in the fifth edition of the *Organon*, published in 1833, where he says,^a that his experience of the capability of globules to retain the medicinal power extends to eighteen or twenty years. Although he at first probably used globules of various sizes (for he states that 10, 20, 100,^b 200,^c or 300,^d may weigh a grain), it appears that latterly he only used the smallest sizes, ranging from a mustard-seed to a poppy-seed in size—the former chiefly for olfaction, the latter for ingestion; one drop of alcohol was, he tells us, sufficient to moisten 300,^e 1000, or many more than 1000.^f He was at one time very particular that no more than one globule should be taken at a time, and that this globule should not exceed a poppy-seed in size.

In the fourth edition of the *Organon* he alludes to the employment of medicines by olfaction, a procedure he subsequently grew very fond of; for in the fifth edition of that work he prefers it to every other mode of administering the remedy. He believed that a medicinal aura was always emanating from the globules without in the least impairing their strength, and he directs that one dry globule shall be placed in a small phial, and if a moderate dose is to be given, the patient is to inhale the medicinal emanation with one nostril; if a stronger dose is required, he is to repeat the process with the other nostril. If the nostrils are stopped up from any cause, the inhalation may be effected by holding the phial to the mouth. This method, he reiterates, is preferable to every other mode of administering the remedy, and he states in

^a *Organon*, § 288, note.

^b *Ibid.*, § 288, note.

^c *Chr Kr.*, i. 188.

^d *R. A. M. L.*, i., Int. to Bell. and Acon.

^e *Org.* § 285, note.

^f *R. A. M. L.*, loc. cit.

this edition of the *Organon* that, for a year past, he had treated almost every patient in this way; and that he had found the action of the medicine just as powerful and as long by olfaction as by ingestion into the stomach.

As he had previously been particular in insisting on the ingestion of only one globule, so now he is particular about the olfaction of one only, but subsequently he was not so strict, but speaks of smelling at several in one phial;⁷ and afterwards, as Croserio informs us,⁸ he went back from his plan of smelling dry globules, and when he did practise olfaction, the globules were first dissolved in a mixture of water and alcohol.

However, the olfaction-process seems latterly to have fallen into disfavour with its inventor, and in his last work,⁹ he resorts to his first plan of giving the medicine dissolved in water, and in divided doses, for several successive days. In order to keep the solution sweet, he directs us to add a small quantity of spirits to it, or a few small pieces of hard-wood charcoal. The latter expedient is, however, attended with this disadvantage, that the solution becomes discoloured in a few days, if much shaken.

I have already alluded to the circumstance that Hahnemann directs the potency of the solution to be altered by several shakes, before every successive dose of it is given.

To children, he observes, the medicinal solution should be given in their own ordinary drinking-mugs, sweetened, if necessary, with a little sugar. They suspect and refuse anything offered them in a spoon.

In the same preface to the third part of the *Chronic Diseases* Hahnemann describes at length, and recommends the employment of medicines endermically. He had previously alluded to, but not pointedly recommended this method of exhibiting medicines. Thus, in the *Medicine of Experience*,⁸ he says that the dynamic medicinal power is so pervading, that it is immaterial whether the dissolved medicine enter the stomach, merely remain in the mouth, or be applied to a wound or other part of the

⁷ Chr. Kr., 2nd edition, iii., preface.

⁸ Chr. Kr., loc. cit.

⁹ N. Archiv, i. 2, 31.

⁸ Lesser Writings, p. 531.

body deprived of skin. Nay, he says, the epidermis does not present an insurmountable obstacle to the action of medicines on the sensitive fibres beneath it, for though dry medicines produce little effect, when dissolved and applied to a large surface of skin they act powerfully. Where the epidermis is thin, as it is on the pit of the stomach, the groin, the axilla, the bend of the elbow, the inside of the wrist, the popliteal space, etc., the medicine in solution acts readily, and its action is much increased by friction of the part to which it is applied. We have already seen that Hahnemann recommended so early as 1801 the application of tincture of opium to the epigastrium of children.

In the first edition of the *Organon*^a he states, that where the medicine cannot be given by the mouth, whether from incessant vomiting, inability to swallow, or other cause, it may be applied to the epigastrium, but in that case it must be a stronger preparation of the medicine, and be applied on a large surface. Rubbing it in, he says, greatly increases its effect.

In the last edition of the *Organon*,^b however, he discountenances this procedure, and says that "homœopathy never requires for its cures the rubbing-in of any medicine." His opinion respecting this technicality, however, subsequently underwent a complete revolution, for in the last edition of the *Chronic Diseases*^c he enjoins the endermic employment of medicines. He there says that the salutary action of the remedy will be much increased, if at the same time that it is being given internally its aqueous solution be rubbed on the skin of one or more parts of the body free from disease (whether exanthema, pain, or cramps). It is best, he says, to rub the medicine in thus:—one day on one part of the skin, and another on another part; and it is also best to employ this endermic mode on the days when we do not give the medicine internally. We must be careful not to apply the medicine to any portion of the skin where there are ulcers or exanthemata. As usual, Hahnemann extols this method, which he had but a few years before denounced, as having

^a Page 208.^b § 282, note.^c Vol. iii., preface.

proved highly successful in his hands, and he now limits his formerly favourite and universal method of olfaction to weak irritable patients, and he no longer talks about the powerful and long action of the medicine even with them, for he directs that they should be made to smell at a few globules daily, once or twice with each nostril, and each time at a lower dilution; so that, supposing the patient began with the 30th dilution, and only went one degree lower every day, in a month he would be smelling at the mother-tincture, under this method.

Thus, then, we observe that Hahnemann's modes of administering the remedy were—

1. He gave a certain portion of the alcoholic tincture mixed with water, or beer, or the ordinary drink of the patient.^a

2. Subsequently his practice was to give the patient one globule dry on the tongue, with a caution not to drink any fluid soon afterwards.

3. Still later, for a short period, he recommended and practised almost exclusively the administration of medicines by olfaction.

4. He returned to his first plan of giving the medicine dissolved in a greater or smaller quantity of water, and employed, in addition,

5. The endermic method of exhibiting the medicines; directing a solution of them to be rubbed upon a sound portion of the skin, in the mode just described.

At that period of Hahnemann's career, when his practice was to give the medicine dry, Dr. Ægidi,* ventured to dispute the advantage of so doing in all cases. A patient came under his care, affected with violent periodical headaches and many symptoms of dyspepsia. He was so excessively sensitive to the action of medicines, that any remedy administered in the usual way caused nothing but violent aggravations. Dr. Ægidi luckily bethought himself of giving the remedy indicated, which was phos-

^a That this mode of administering the medicine was not confined to his earlier career is evident from this, that in the treatment of lunatics he advises that the medicine should be mixed with the patient's ordinary drink. (R. A. M. L., iii. p. 323, and Lesser Writings, p. 781.)

* Archiv, xii. 2, 134.

phorus, in solution. He dissolved one globule of the 30th dilution in eight ounces of water, and gave of this a tablespoonful every morning. He was pleased to find that its action when thus administered was very beneficial, and the case, which had so long resisted the curative influence of the same and other remedies given in the usual way, rapidly improved when this method was had recourse to.

Subsequently, Dr. Ægidi, acting on a recommendation of Hahnemann, modified considerably his method of administering medicines in solution. He employed, for the purpose of dissolving the medicine, rain-water, and in cases of acute disease gave a certain quantity of the solution every two, three, four, or eight hours. In chronic diseases his method was quite different. One globule up to one drop (of the 1500th dilution down to the concentrated tincture, according to the nature of the case) was mixed, by means of strong shaking in a bottle, with a certain quantity of rain-water (from a cupful up to a quart and more); of this the patient was to drink, in the morning fasting, the smaller quantity all at once, but the larger in much the same way as mineral waters are usually drunk by the votaries of the healing streams, viz., a cupful every quarter of an hour, a brisk walk in the open air (where that was possible) being taken after every cupful. Should the patient feel sleepy after his morning's dose, he was to indulge his somnolent propensity. This plan, Ægidi tells us, he found eminently successful in some cases, but not in all. Some were so irritable as not to admit of it; a few could only bear the method by olfaction.

Hering^g says that, with Ægidi's happy invention of administering repeated doses of the medicine dissolved in water, a new era in homœopathy commences. It is especially useful in the case of very sensitive individuals, also in very painful affections, and in many of the diseases of children. Patients who could not bear the olfaction of a single globule without suffering from it, bore the medicine very well, and were rapidly cured when the medicine

^f Archiv, xiv. 3, 78.

^g Ibid., xiii. 3, 80.

was administered according to Ægidi's method. Hering states that a single globule should be mixed with four or six ounces of water, well stirred, and a spoonful of this given at a time. The dose of such a mixture might be repeated as often as every hour in some cases (or, in very acute cases, even every five or ten minutes). For instance, chamomilla and bryonia might be given every hour, in certain neuralgic affections. Care must, he says, be taken not to stir or shake the medicine in its vehicle too often, in case of increasing its potency to too great a degree.

Hahnemann's proposition to give medicine by *olfaction* has been much criticised by both the friends and the enemies of homœopathy. Thus Ægidi^a states, that in some cases no other method can be substituted for it advantageously, but he does not point out what these cases are.

Rau¹ says, however plausible the practice of olfaction may appear, he has in too many instances observed no effect whatever from its employment to put much confidence in it. Nothing, he says, can be expected from its employment in phlegmatic torpid subjects, but some advantages might attend its employment in cases of superlatively exalted sensibility, in neuralgia, in hysterical paroxysms, in versatile typhus fever. The chief indication for its use, he says, is a need for a rapid but transient short action upon the sensitive sphere. If patients are to be treated by this plan, Rau advises that the globules be freshly prepared, and not quite dry.

Rummel¹ says that although he rarely resorts to the method of administering medicines by olfaction, he has seen it effectual in painful affections of the head and teeth, and in some diseases of the respiratory organs. He is satisfied of the power medicines possess of acting in the form of vapour or emanations, for he has often been seriously affected by the medicines whilst preparing them. Nevertheless,^k he will not allow that it is a universally applicable method, as Hahnemann would

^a Archiv, xiv. 3. ¹ Werth d. hom. Heilv., 143. ¹ Allg. hom. Ztg., viii., No. 3.

^k Ibid., ix., No. 3.

have it, and he ridicules the notion of healing a chancre by smelling at a globule of *mercurius* 30.

Dr. Perry¹ of Paris lately recorded a number of cases to prove the efficacy of olfaction. The diseases in which he has found it most serviceable are corzya, megrim, facial neuralgia, toothache, constipation. His mode of employing olfaction is to dissolve two or three globules of the medicine in a mixture of spirits and water in a small phial, and make the patient inspire the air in the phial through the nostrils. He finds, he says, this method very successful in constipation depending on inaction of the rectum. A patient so affected was made to smell at a solution of *opium* 6, at the period of the day when his bowels were generally moved, and if no effect resulted, to repeat the olfaction a quarter of an hour or half an hour afterwards. If no evacuation resulted, the olfaction was to be repeated in a few hours, or not till the next day.

Several homœopathic practitioners have spoken in favour of the occasional employment of olfaction, but few profess to think it a method suited for general application. The partisans of the high potencies, and among these more particularly Dr. Gross, profess to think highly of the olfaction of their favourite preparations, and possibly that may be the mode of administration best calculated to elicit the marvellous virtues of those transcendental remedies; but I do not know of any who habitually employ the lower potencies who affect to believe that olfaction is ever preferable to ingestion, unless it be in some cases where the antidotal powers of camphor, nitrous ether, or smelling salts are requisite.

Dr. Mure^m speaks greatly in favour of the method by olfaction, but finding that in practice it caused great incredulity, he discovered, he says, a mode of securing the advantages of this method without shocking the prejudices of the patient. Over the uncorked phial containing the tincture of the required medicine in the appropriate dilution he reversed the patient's empty bottle, and left it thus for thirty or sixty seconds, then he suddenly turned the latter bottle right, filled it with

water, corked it quickly, and gave it to the patient to take. This method, he assures us, always succeeded admirably. I would receive this statement of Mure's like his wonderful astronomical theory, *cum grano salis*.

Akin to the method of olfaction is the mode proposed and adopted by Dr. Drysdale, of administering arseniuretted hydrogen, which he adopted with apparently good results in the epidemic cholera that raged in Liverpool in 1849. He invented an apparatus for this purpose, of which a full description will be found in the *British Journal of Homœopathy*, vol. viii., p. 152. A common milk-bottle, with a flexible tube provided with a mouth-piece inserted into its side aperture, is all the machinery required. The top aperture of the bottle is left open, to allow the free ingress of air, and into the bottle are put a few pieces of pure zinc, half an ounce of water, one drop of strong pure sulphuric acid, and five or ten drops of the 3rd dilution (aqueous) of arsenic. The hydrogen disengaged by the action of the acid on the zinc enters into combination with the arsenic in the drops, and the arseniuretted hydrogen thus formed is inhaled by the patient.

The method proposed by Hahnemann of *rubbing in* the medicines in solution, on sound portions of the skin, has excited very little attention among his followers. Kämpfer^a certainly alludes to it, but chiefly to claim for homœopathy the cures performed by mineral baths, by tartar-emetic ointment in whooping-cough, by ranunculus-leaves in sciatica, by croton-oil in rheumatism, etc.

The mode of administering the remedy, whereby its action on the patient shall most certainly be ensured, is a subject which has occupied very little attention among homœopathic practitioners. The frequent changes Hahnemann proposed have served as an excuse to practitioners to follow their own caprice in the matter, and to refrain from seeking any fixed rules upon the subject. Accordingly we find in the clinical records the utmost variety in the mode of administering the remedy. Some invariably give the globules dry on the tongue; others

^a Allg. hom. Ztg., xxvi., No. 1.

certain mineral waters are proofs sufficient of the power of the endermic administration of drugs.

The endermic method of administering remedies dates from remote antiquity. Thus Plistonicus, Dieuches, and Diocles, the immediate followers of Hippocrates, employed the *veratrum album* to excite vomiting, in the form of an epithem. Dioscorides states that the black hellebore was applied to the abdomen of dropsical persons, made up with flour and wine. Rufus mentions that in his time it was customary to excite emesis by footbaths of hellebore. Haller states that Berengarius was the first to discover that mercury could act on the system through the skin, and Amatus the Portuguese saw dangerous symptoms follow the external use of arsenic. An expression used by Celsus shows us that practitioners who treated solely by means of medicines or ointments applied externally were common in his day. He says, namely:—*“Sanus homo, qui et bene valet, et suæ spontis est, nullis obligare se legibus debet; ac neque medico, neque iatralipta egere.”* Here the *iatralipta*, or employer of external remedies, is distinguished from the *medicus*, or ordinary doctor. Recently the endermic mode of administering remedies has been revived by Drs. Lembert and Lesieur of Paris, who published a memoir on the subject in 1824. They recommend that the epidermis should be first removed, in order to apply the medicinal agent to the corium directly; and Dr. Ahrensen of Copenhagen published a treatise in 1836 on the same subject.⁴ Dr. Ahrensen's book is well worth the attention of homœopathists, as it contains many interesting facts relative to the physiological effects of remedies when applied to the denuded skin.

To those who are doubtful of the absorption of medicinal agents when applied to the cutaneous surface, I would recommend a little work by Dr. W. H. Madden, entitled *An Experimental Inquiry into the Physiology of Cutaneous Absorption*. I may here give a brief *résumé* of his observations in reference to the cutaneous absorption of

³ Celsus, de Med., lib. i, cap. 1.

⁴ Dissertatio de methodo endermico, auctore A. Ahrensen, M.D.; Haavik 1836.

medicines in the *solid*, the *fluid*, and the *gaseous states*.

1. *Solids*. Dr. Kellie mentions a case of salivation produced by wearing a mercurial plaster; Séguin found that the powder of tartar emetic applied to the skin was absorbed, causing nausea and vomiting, but without producing its usual local effects. Arsenic has caused violent inflammation, when used to destroy vermin on the skin. Haller states that pills placed on the epigastrium have caused purgation, and that the same effect has resulted from the mere handling of colocynth. A rhubarb poultice will often purge children, and a cantharides blister-plaster has been known to produce violent effects on the urinary organs. Frictions with squill and digitalis will often cause diuresis. Opium, belladonna, tobacco, veratrina, strychnia, assafoetida, are all capable of producing their specific effects when applied in a dry form to the skin. 2. *Fluids*. Salivation has occurred from the absorption of a solution of corrosive sublimate. After immersing his arm in a solution of hydriodate of potash, Dr. Madden detected iodine in his urine. On rubbing a solution of tartar emetic on his hands he experienced nausea, languor, and debility, that lasted some hours. Solutions of salts of lead have been known to act through the skin. Dr. Madden produced on his own person purgative effects by applying solutions of rhubarb, jalap, and gamboge to the skin. Turpentine poured on the arm, which was enclosed in a glass jar, soon caused the peculiar violet odour in the urine. Solutions of opium, belladonna, tobacco, and oil of bitter almonds produced their specific effects on the system when applied to the skin. 3. *Gases*. The action of mercury on the system when it is applied to the skin in a gaseous form is well known. Dr. Madden killed a rabbit by exposing its body to the action of sulphuretted hydrogen; and he mentions an experiment of Collard de Martigny to show that carbonic acid also produces its toxic effects when the surface of the body is exposed to it.

Dr. Hering seems to be almost the only one among the homœopathists who has recommended the endermic method, and his application of it is rather peculiar, as he

selects for it the sole of the foot, precisely the spot of all others in the body where the epidermis is thickest, and, one would suppose, least likely to favour absorption. In his *Domestic Physician* he recommends, for the cure of gonorrhœa, the application of copaiba, parsley, or cubeba to this most unlikely part of the body. I cannot speak from experience of the effects of this treatment, but should be very happy to find it successful, for gonorrhœa is a disease that often gives us much trouble.

In most cases, I take it, it is desirable that the medicine should be applied to a healthy organ in order to act beneficially on the system. Now, in many cases the skin is the only healthy organ to which we can apply the medicine. The whole mucous membrane of the *primæ viæ* may be diseased, disorganized, and utterly incapable of performing its proper functions of absorption and assimilation; the stomach may be filled constantly with the most acrid secretions, or the mouth may be beset with ulcers, and the power of deglutition for the time lost. In such cases it would seem a thankless and a useless labour to give the medicine in the ordinary way, and the healthy skin offers the best medium through which we can introduce our remedies into the system. In such cases I have more than once seen good effects from employing the medicine by the skin. The mode I have usually adopted is this, and I would recommend it to your adoption in cases of the description I have cited. With a sponge dipped in warm water wash a portion of the epigastrium six or eight inches square, dry it well with a piece of warm flannel, and continue a gentle friction on the spot for a few minutes, in order to excite the cutaneous capillaries and absorbents; to the surface thus prepared apply the medicinal solution, by means of a piece of clean linen soaked in it, and over all a piece of gutta-percha tissue may be laid. The place where the medicine is thus applied may be varied according to circumstances, but I greatly prefer the surface of the abdomen to the skin of the extremities, *cæteris paribus*. In some cases, however, it may be advisable to practise this endermic method as near the seat of the disease as possible; thus in cynanche tonsillaris, where the medicine

cannot be swallowed, it may be advantageous to apply it to the neck, in a water-compress, and in cases of neuralgic affections we may prefer to apply it over the seat of the pain. In some cases it may be advantageous to combine the medicine with some oleaginous substance, whereby it will be rendered more suitable for rubbing-in. Pure olive oil, fresh lard, unsalted butter, or unscented spermaceti ointment may be employed for this purpose.

The next subject that falls under consideration is the *local employment of medicine*, in other words, the application of the remedy to the diseased part.

One of Hahnemann's earliest reforms upon the usual method of treatment was his denunciation, in his treatise on *Venerereal Diseases*, published in 1789, of the practice of treating the primary sore locally. His argument against this practice was that the chancre was the sole external sign of the internal syphilis, and acted as a silencer of the constitutional disease; that if it were destroyed or healed up by means of external applications, the internal disease would in consequence spread all the more rapidly and destructively, which it could not do as long as the chancre remained as its vicarious external representative, and, besides, the state of the untouched sore was the only guide we had as to the condition of increase or decrease of the disease.

For some time even after his enunciation of the homœopathic principle this disease seems to have been the only one where he expressly forbade the employment of local means, for we find him in 1796^r giving two examples of the successful local employment of *conium*; the one was a painful hard swelling of the under lip in a child, the other an induration of the mamma in a girl, both the result of external injury, and in 1797^s he recounts the case of an old gentleman with ulcers on the legs, whom he cured with corrosive sublimate externally; and again in 1801^t and 1805^u he details a case of paralysis cured by the local application of cold. The illustrations he gives of the homœopathic law in the last edition of the *Organon*,^v

^r Lesser Writings, p. 317.

^u Ibid., p. 526.

^s Ibid., p. 364.

^v Page 101, note.

^t Ibid., p. 408.

in the application of cold to frostbites and warmth to burns, are equally instances of the local employment of the remedial agent, and many of the instances of homœopathic practice he adduces in the same work from allopathic practice* are nothing more than examples of the local application of the remedial agent.

In the first edition of the *Organon*, as well as in the *Medicine of Experience*,* he admits the curability of itch by means of the external employment of *sulphur*, *hepar sulphuris*, and sulphureous baths, and in the first-named work he allows the itch to be treated externally with *hepar* "when it is almost cured by the internal homœopathic treatment," and he also speaks favourably of the local application of *arsenic* in cancer of the face.

Susequently† he prohibits altogether the employment of any local remedies, and expressly retracts* the opinion he had formerly given utterance to respecting the local employment of *arsenic* in cancer, on the ground that though we might succeed in removing this malignant ulceration, the fundamental disease could not be thoroughly destroyed; on the contrary, it would be more at liberty to attack some more vital organ, and thus hasten death. It is curious to remark, that to the last he allowed two exceptions to this universal prohibition of local remedies. The one is in the case of contusions,‡ where he permits the local employment, for the first twenty-four hours, of a lotion formed of a pound of wine, or of equal parts of water and brandy, mixed with from five to ten drops of the first dilution of *arnica*, along with the internal administration of the same drug. The other exception is in the case of tedious old cases of condylomata, where he advises the daily moistening of the largest with the strong tincture of *thuja*.

In the former of these exceptional cases, the malady, the result of local injury, may be held to be a purely local one, and consequently its local treatment would be no violation of Hahnemann's rules; but in the latter case, the external disease is stated to be and is truly the outward manifestation of the internal derangement, and

* See especially *Organon*, p. 18, note.

† *Org.*, fifth edition, § 206.

‡ *Lesser Writings*, p. 512.

§ *Ibid.*, note.

¶ *R. A. M. L.*, 470.

consequently its local treatment with thuja-tincture is a direct infringement of Hahnemann's own rules, and its cure by such means ought to be inevitably followed by disastrous results to the constitution.

Many of Hahnemann's disciples have thought it advisable to depart from the Master's rule relative to the inadmissibility of the local application of remedies, and in some cases with apparently very happy results. Thus Dr. Gross,^b in a case of obstinate ulcer of the leg, in an old woman of seventy, employed *lachesis* locally to the sore with the most perfect success; this ulcer, which had previously resisted all the remedies used, healed up perfectly in three weeks. He relates in the same place several other cases of ulcers, where the external application of *lachesis* and of *silicea* was attended by the best effects. Elsewhere,^c he relates a case of ulcers on the calf of the leg, which he treated successfully with *rhús* locally applied, after a very odd fashion, for it appears he sprinkled the sores with globules of the medicine in the 30th dilution.

Dr. Schrön^d while agreeing with Hahnemann that chancres, condylomata, ulcers, etc., should be treated by general internal remedies, on account of their intimate connection with the organism at large, of whose morbid state they may be considered the barometer, is yet disposed to employ in very obstinate cases local as well as internal remedies.

Dr. Backhausen^e is a great advocate for the local employment of remedies. This method is consonant with both theory and experience. Burns, he says, are cured by *rhús* externally; dysentery by clysters of *corrosive sublimate*; ophthalmias by *sulphur* and *staphisagria* externally. All homœopathists, he further remarks, are familiar with the good effects of the local application of *arnica* in contusions, and of *rhús* in sprains. Backhausen's notion is that the medicine, in order to cure, must exert its action on the actual seat of the disease; and such being the case, it is, says he, a roundabout method to give the remedy by the mouth, when it is possible to

^b Allg. hom. Ztg., viii., No. 7.

^d Hygea, ix. 426.

^c Archiv, xv. 3, 40.

^e Hygea, xi. 306.

bring it to bear at once on the affected part. The medicinal action he compares to the morbid cause, both commence primarily at a small spot and then proceed to spread throughout the organism.

Griesselich^f defends and advises the external local employment of medicines in many cases, such as ophthalmia, toothache, and other neuralgias, and speaks favourably of the employment of an ointment composed of lard and calomel for indurated cartilaginous chancres, as Ricord advises. He also alludes to a case of hydrocele, that was cured by the local employment of arnicated compresses. Dr. Veith^g recommends the rubbing in of *chamomilla* over the seat of the pain in sciatica. Koch^h relates the case of an officer who had suffered for fifteen years from prolapsus ani, the result of badly treated hæmorrhoids, who after trying in vain many remedies, including the water-cure under Priessnitz, was cured by the use of a clyster composed of cold water combined with a very minute quantity of tincture of *nux vomica*, scarcely amounting to half a drop in each clyster. In two days the pain, which had been of a burning smarting character, was gone, and in a fortnight he passed his motions without any prolapsus. Since then his complaint returned once with an attack of diarrhoea, but when that was cured he never was troubled any more with his disagreeable malady.

Mayrhofer recommends anointing the mouth of the uterus, when in a state of spasmodic contraction, with *belladonna* ointment. Segin advises us to expose the inflamed eye to the steam from an infusion of *euphrasia*. Ægidi employed the remedies in compresses, collyria injections. Patzack recommends the use of the leaves of the pine in a bath in certain maladies.

Dr. Trinks,ⁱ while admitting that certain diseases, such as scabies and syphilis, are at first purely local, and may be extirpated by local remedies, without any disagreeable consequences, is of opinion that these cases are so exceptional as not to be capable of serving as a guide, and moreover that even in these very instances the most

^f Handbuch, 279.

^g Hygea, v. 440.
ⁱ Handbuch, Einleit., lxvi.

^h Ibid., xiii. 63.

disastrous consequences occasionally ensue from their local treatment. Hence he "damns with faint praise" this technicality.

Dr. Lippe of Philadelphia, who, if I mistake not, has a fancy to be thought rather a strict Hahnemannian, has recently published an essay on the treatment of burns, which he recommends to be treated locally by the specific remedy. Slight burns of the skin without vesication are, he says, to be treated by the local employment of *hamamelis* (a remedy which up to this time has not been much used in this country). Burns of the second degree attended with vesication, are to be treated by tincture of *cantharis*, applied externally. Burns of the third degree, where there is some amount of destruction of the substance of the skin, require *creasote* externally. Burns of the fourth degree, which include all those attended with great destruction of the soft parts, are to be treated with Castile soap scraped and spread on linen, and applied to the burnt surface.

Dr. Henriques* is likewise an advocate for the external employment of the homœopathic remedy in burns, and he details several interesting cases where this technicality, in conjunction with the internal exhibition of the specific remedy, was successfully adopted.

In spite of Hahnemann's denunciation of the local employment of medicines, this technicality has been much employed by his disciples, and indeed Hahnemann's practice encourages though his rules denounce the method. For, not to speak of the cases in which he allows local treatment exceptionally, we cannot avoid observing that the administration of the medicine by the mouth and by olfaction must sometimes be a local administration; where, for example, there exists an affection of the mouth, nose, œsophagus, stomach, or air-passages. If in such cases there is no objection to applying the remedy to the diseased surface, the local application of the drug in other localized diseases cannot be considered as inconsistent with the teaching and practice of Hahnemann. I would, however, draw a great

j Phil. Journ. of Hom., ii. 17.

* Brit. Journ. of Hom., vi. 96.

distinction betwixt the local employment of the specific medicine and the dispersion of localized affections by means of irritant or astringent applications; a very reprehensible practice, and, in the case of chronic diseases with external morbid symptoms, one which is liable to be followed by disastrous results, as is observed sometimes in those ulcers, skin diseases, etc., which are suddenly suppressed by such means. I have known patients affected with some severe internal complaint to be completely relieved from this, on the appearance of a cutaneous malady, and their internal complaint return immediately on the suppression of the skin affection by astringent or irritant washes. I have seen patients suddenly seized with paralysis and apoplexy, on the rapid healing up of an old ulcer by means of a blister applied over it; but such treatment differs *toto calo* from the simultaneous external and internal use of the specific remedy in infinitesimal quantities. By the latter method it would seem that the cure of the whole disease is often much expedited, and I have not seen any bad effects attending it. As regards the treatment of local affections the effect of accident, as contusions, wounds, sprains, and burns, almost all homœopathists are agreed respecting the propriety of the local employment of *arnica*, *calendula*, *rhûs*, *cantharis*, etc.; and in this country, at least, the practice of employing locally the homœopathic remedy in many other diseases that cannot be considered so purely local is very extensively adopted. Thus Dr. Black, as he assures me, frequently employs the remedy he conceives to be indicated, in the form of ointment to the eyelids, in cases of ophthalmia *tarsi*. Mr. Blake introduced the method of treating ulceration of the neck of the womb by means of a wash of *calendula*, a practice which has been extensively adopted by Drs. Madden and Leadam. I very often recommend a few drops of the medicinal solution to be applied to ulcerated surfaces, and in that very destructive disease ophthalmia *neonatorum*, I find the best results to follow the local application of a pretty strong solution of nitrate of silver (gr. ij to 3j of distilled water). In cases of severe toothache, I have found it an excellent plan to apply the

indicated remedy directly to the tooth, by means of a piece of cotton soaked in its alcoholic solution. Chancres, I have found, are more readily healed, and their closure unattended by bad results, if the mercurial preparation given internally be at the same time applied to the ulcer by means of a piece of lint. Those frightfully destructive ulcerations of the fauces, velum pendulum, and tonsils, observed in secondary syphilis, are readily healed by means of the local application of corrosive sublimate in the 1st or 2nd dilution, and this in cases where the internal administration of the remedy seems to have no power to arrest the spread of the disease. I have witnessed several instances of this sort. I have already, in a former lecture, mentioned my reasons for the local treatment of scabies, so I need not revert to that subject. To sum up, I feel convinced that the local employment of the specific remedy is in many cases not only justifiable, but essential to the cure, and however much Hahnemann has inveighed against it, he has, as I have pointed out, very frequently given it the sanction of his own example.

I shall now proceed to a brief consideration of *the pharmaceutical processes employed in the preparation of the homeopathic remedies*, and we shall find that Hahnemann himself had not always a uniform mode of preparing the medicines, and that considerable variations in his methods have been proposed and practised by his followers. At a very early period of his medical career, Hahnemann had distinguished himself by his pharmaceutical innovations on the medicines hitherto used, more particularly in reference to the preparations of mercury for the cure of syphilis. The preparation that goes by the name of Hahnemann's soluble mercury (*mercurius solubilis Hahnemanni*) to this day in Germany, was first described in his work *On Syphilis*,¹ written in 1788, and during the two following years he wrote some short articles,^m describing some modifications of his original process. I do not think this preparation of mercury was

Lesser Writings, p. 8.

^m Neuen lit. Nachr. f. Aerzte, 4th quart. 1789; Baldinger's n. Mag. f. Aerzte, xi. pt. 5, 1789; Crell's Chem. Annal., li. pt. 8, 1790.

a great triumph of pharmaceutical skill, notwithstanding the celebrity it obtained in his native country; and Hahnemann himself latterly abandoned it, as he found it was not always a pure oxyde of mercury. In 1822^a he proposed to substitute for it another form of the precipitated oxyde, and in 1830^b he rejected the oxydes altogether, and proposed for homœopathic purposes the employment of the pure liquid metal.

Up to the year 1799, we have no evidence that the medicines he used in the treatment of diseases differed in their preparation from those in ordinary use. In that year, as we learn from his *Essay on Scarlet Fever*,^c he had a very complicated way of making his medicinal preparations. Here is his receipt for preparing belladonna for medicinal use:—"Take a handful of the fresh leaves of the wild belladonna, at the season when the flowers are not yet blown, bruise them in a mortar to a pulp, and press the juice through linen, and immediately spread it out, scarcely as thick as the back of a knife, on flat porcelain plates, and expose it to a draught of dry air, when it will be evaporated in the course of a few hours. Stir it about and spread it out again with the spatula, so that it may harden in a uniform manner, until it becomes so dry that it may be pulverized." For medicinal use, a grain of this powder is first dissolved in 400 drops of diluted alcohol; of this, one drop is mixed with 300 drops of diluted alcohol, and a drop of this second dilution is added to 200 drops of diluted alcohol. These two last dilutions are each to be shaken for a minute.

But that he had no uniform mode of preparing his medicines at this time, we find from the same essay, where he directs his preparations of *opium* to be thus made:^d a grain of finely pulverized crude opium is to be mixed with twenty parts of weak alcohol, and allowed to stand thus for a week. A drop of this tincture is to be mixed with 500 drops of diluted alcohol, and a drop of this last with other 500 drops of diluted alcohol. The tincture of

^a B. A. M. L., vol. i., 2nd edit., art. Mercury.
^c Lesser Writings, p. 438.

^b Ibid., 3rd edit., p. 351.
^d Ibid., p. 432.

ipecacuanhã he prepared thus: one part of *ipecacuanhã* was digested for some days in twenty parts of alcohol, and one drop of this tincture mixed with 100 drops of alcohol for medicinal use. Again, in the same essay,[†] we find that he adopted a totally different method with his preparation of *chamomilla*. A grain of the dried inspissated juice was mixed with 1000 drops of diluted alcohol, and of this a drop was mixed with 800 more drops of diluted alcohol.

In another essay,[‡] written in the same year, he talks of preparing a solution of *belladonna*, by mixing one grain of the extract with two pounds of water, and shaking it well for five minutes. One drop of this solution is to be mixed with six ounces of water, and a teaspoonful of this will, he alleges, contain a millionth part of a grain of the extract; that is to say, it will be equal to a drop of the 3rd centesimal dilution.

In the first edition of the *Organon*, published in 1810, he began to lay down rules for the preparation of all medicines on a uniform plan, analogous to the method he finally adopted, but even later than this, namely in 1814, we find him varying his process. In an essay published in that year, on *Typhus or Hospital Fever*,[†] we observe that the following was his mode of preparing his tinctures of *bryonia* and *rhus*:—A drachm of the powder of the root of the first plant and of the leaves of the last was mixed with ten drachms of alcohol, and allowed to stand for six hours. Then six drachms of the strongest alcohol were poured into each of twelve bottles, into the first of which a single drop of the tincture, prepared as just stated, was put, and the mixture shaken strongly for three minutes. A drop of this solution was put into the second bottle and treated the same way, and so on through all the twelve bottles. The twelfth bottle contained the appropriate dilution for administration. In this essay, he advises a tincture of *hyoscyamus* to be prepared in the same manner, but only with eight bottles. The 12th dilution prepared in this way would correspond to the 15th or 16th dilution of the centesimal scale, and

[†] Lesser Writings, p. 442.

[‡] Ibid., p. 443.

[†] Ibid., p. 713.

the 8th would be nearly equal to the 10th dilution of that scale.

Hahnemann latterly adopted certain general principles for the preparation of his medicines, which he lays down in the last edition of the *Organon*,^a but from which he often departed, in what seems to me a rather capricious manner.

I shall now give you a brief abstract of the directions he there gives. Plants that can be obtained fresh are to have their juice expressed, and mixed immediately with weak alcohol. This mixture is to stand twenty-four hours in a close-stoppered bottle, and then the supernatant fluid is to be decanted off. Some plants that contain much thick mucus (as *symphytum officinale*, *viola tricolor*, etc.), or albumen (as *æthusa cynapium*, *solanum nigrum*, etc.), require double this proportion of alcohol. Plants very deficient in juice (as *oleander*, *buxus*, *taxus*, *ledum*, *sabina*, etc.) should first be pounded into a moist mass in a mortar, and then mixed with a double quantity of alcohol; or they may be prepared by the way of trituration, to be described presently.

Exotic plants which cannot be obtained fresh may be reduced to a powder, and kept in well-stoppered bottles for use. Hahnemann gives valuable directions for drying thoroughly such powders in a water-bath before storing them in bottles, without which they are apt to become mouldy, and lose their medicinal virtues.

In order to prepare the dilutions of the tinctures of the fresh plants, he directs two drops of the tincture, prepared as just described, to be mixed with ninety-eight drops of alcohol, and shaken twice. This is the 1st dilution. The 2nd dilution is prepared by taking a drop of the 1st, and adding it to ninety-nine drops of alcohol in the same way. This process is to be repeated through twenty-nine bottles, the last of which contains what is called the 30th dilution, the standard or normal dose.

All other substances employed in medicine, such as pure, oxydized, and sulphuretted metals, or other minerals, petroleum, phosphorus, parts and juices of plants that

^a *Organon*, § colxvii. et seq.

can only be obtained in the dry state, animal substances, neutral salts, etc., are to be triturated up to the third attenuation in this way:—A grain of the medicine is to be mixed with 100 grains of milk-sugar, and triturated for an hour; of this trituration one grain is to be triturated for the same length of time with other 100 grains of milk-sugar, and this process is to be repeated a third time. After this third trituration, the subsequent attenuations are to be made in the fluid way. A grain of the third trituration, namely, is to be mixed with ninety-nine drops of diluted alcohol, and the subsequent attenuations are to be made with strong alcohol.

Although such are Hahnemann's general directions, in the last edition of the *Organon*, we find that he did not constantly abide by them in his preparation of medicines. Thus, in the first volume of the *Materia Medica*, we find the following deviations from his own rules. He directs the tincture of *cina* to be made with one part of the dry buds to twenty parts of alcohol, and allowed to stand for a week before it is decanted. The tincture of *cocculus* is to be made with one part of the pulverized seeds to twenty parts of alcohol. The tincture of *nux vomica* is to be made with ten grains of the powdered seeds and 1000 drops of alcohol, and allowed to macerate for a week; or it may, he says, be triturated with milk-sugar up to the third attenuation. *Opium* is to be triturated. According to the directions in the *Organon*, these medicines ought all to be triturated up to the third attenuation.

A few years later,* probably with a view of carrying out in his pharmaceutical processes the principle of uniformity he had previously established in reference to the dose, he directed that all medicinal substances whatever, fluid or solid, moist or dry, should be "potentized," as he terms it, by being triturated with milk-sugar up to the third attenuation, and the subsequent attenuations prepared in the fluid way. He gives most minute directions as to how this trituration is to be carried out. A grain (or a drop, if fluid) of the medicine is to be added, in

* Chr. Kr., 2nd edition, i. 182.

an unglazed porcelain mortar, to a third part of 100 grains of milk-sugar; this is to be mixed up for an instant with a porcelain spatula, and then rubbed with the pestle for six minutes; then the powder is to be scraped up by means of the spatula from the bottom of the mortar for four minutes, and again rubbed for six minutes; it is then to be scraped again for four minutes, and the second third of the milk-sugar added and mixed up with the spatula; two poundings of six minutes' duration and two scrapings of four minutes are next to be performed, and then the last third of the milk-sugar added, and the whole rubbed for six minutes, scraped for four minutes, and again triturated for six minutes. All that now remains to be done is to scrape up the powder from the mortar and put it in a well-stoppered bottle. Supposing the last scraping occupies four minutes, like the others, the whole time consumed in making the trituration will be exactly one hour. For the second trituration, a grain of the first is incorporated by the like tedious process with another 100 grains of milk-sugar; and a grain of this is treated in the same way with other 100 grains of milk-sugar, to form the third trituration.

In my lecture on the "Dynamization-theory" I pointed out to you the frequent changes Hahnemann made in the number of succussions he directs to be given to each bottle, so I need not again dwell on that subject.

I shall pass on to a consideration of what others have said respecting the pharmaceutical processes needful in homœopathy.

Dr. Hering was one of the first who suggested alterations in the preparation of our medicines. He first* suggested that experiments should be made with medicines prepared in the proportion of 1 of the drug to 1000 of the vehicle, and afterwards† he alludes to different proportions of vehicle and drug. He says, "I have discovered the law, that the larger the mass of the vehicle the milder is the action of the medicine. Attenuations prepared in the proportion of 1 to 10 are much stronger in the 30th dilution than those prepared with

* Lecture XII.

† Arch., xiii. 3, 81.

‡ Ibid., xiv. 2, 134.

1 to 100. Preparations in the proportion of 1 to 1000 act very mildly and rapidly in the 6th dilution. In the proportion of 1 to 10,000 all action very soon disappears." He proposed a modification of Hahnemann's mode of preparing the 30th dilution in thirty different bottles with spirits of wine, and suggested that they might all be prepared in one bottle, and with water, in this way: after preparing the 1st dilution, the contents of the bottle are to be poured out, and as one or more drops always remain in the bottle they will serve for the next dilution. Thus, all that is to be done is to fill up, empty, and refill the bottle the requisite number of times; an expeditious and economical procedure.

In one of Dr. Hering's last works^a he seems to lament the circumstance that he ever proposed the decimal scale of dilution, *i. e.*, the proportion of 1 of the drug to 9 of the vehicle.

Dr. Vehsemeyer,^a on the contrary, approves highly of the decimal scale for preparing the attenuations, and wishes it to be generally adopted.

Gruner,^b the celebrated homœopathic chemist of Dresden, acted on this suggestion, and prepared a complete set of medicines on the decimal scale.

Dr. Rummel^c suggested a different proportion of medicine and vehicle, *viz.*, 2 to 98, on the ground that if we used the ordinary centesimal scale, it might happen that the one drop might not fall into the bottle, whereas with two drops there would be less chance of the attenuation remaining unmedicated. This is, indeed, the sole recommendation for this proportion of medicine and vehicle; but it is otherwise with the so-called decimal scale or proportion of 1 to 9, or 10 to 90; for whereas with the latter scale we can always say at once what dilution of the centesimal scale any given attenuation corresponds to, with Rummel's proposed scale we shall have no correspondence whatever with the Hahnemannic or centesimal scale. It is otherwise with the decimal scale; in order to find the preparation of the centesimal scale corresponding, in point of the quantity of medicine

^a Amerik. Arzneipr., i. 39.

^a Hyg., iv. 547.

^b Hom. Pharmak.

^c Allg. hom. Ztg., xxi. 18.

it contains, to any given number of the decimal, we have only to halve the number of the latter. Thus, the numbers 2, 4, 6, 8, 10, etc., of the decimal dilutions contain the same amount of medicine as the numbers 1, 2, 3, 4, 5 of the centesimal scale. So Drs. Wurmb and Caspar,^d who employ in their hospital at Vienna almost exclusively the 30th decimal dilution, actually use a preparation corresponding in medicinal strength to the 15th centesimal.

It would spin out this lecture to an intolerable length were I to attempt to give even an outline of all that has been written on the subject of homœopathic pharmacy, so I shall close this lecture with the briefest of summaries.

Several homœopathic pharmacopœias have been published, all more or less valuable. The first was *Caspar's Dispensatorium*, which merely reproduces Hahnemann's original directions for the preparation of his medicines. It was translated into Latin by Dr. Hartmann, and this Latin translation has been reprinted in England, and is still the only one that has been published in this country. It is of course extremely defective, and has not even the advantage of presenting us with Hahnemann's latest views.

Dr. Buchner has published a *Pharmacopœia*, which has reached its second edition; it describes the mode of preparing all the medicines used in homœopathy up to the date of its publication (1852), but is not remarkable for any new views or improvements on the processes employed by Hahnemann.

Mr. Gruner, the Dresden homœopathic chemist, published a *Pharmacopœia* in 1845, in which he has introduced some technical improvements. Thus, in place of adopting the rude method proposed by Hahnemann, of obtaining powdered metals by using the metallic leaf, or scraping them under water on a whetstone, he recommends us to employ the precipitated metals. I have already shown, in the account I gave of Mayrhofer's microscopic investigations, that the precipitates of metals are much the best form for their trituration.

A *Pharmacopœia* was also published by Dr. G. Schmidt, containing several useful suggestions as to the prepara-

^d Hom. Klin. Stud.

^e Arzneibereitung und Gabengrösse.

tion of our drugs; and various other emendations on Hahnemann's processes have been suggested by several writers. Thus it was found that the admixture of acids directly with alcohol caused a decomposition of both, and water was therefore substituted by some for the first attenuations. The attenuations of phosphorus were recommended to be prepared directly from the tincture and not from the uncertain trituration. Different strengths of alcohol were advised for the preparation of different vegetable tinctures.

Dr. Mure of Palermo, Malta, Rio, Paris, in fact, of the four quarters of the globe, I believe, lays down in his book[†] certain original rules for the preparation of medicinal attenuations. He says, as Hahnemann also latterly said, that all substances should be first triturated up to the third attenuation; but as some substances, such as *nux vomica* and *ignatia*, are very difficult to triturate, he has invented a machine that exhibits considerable mechanical ingenuity for triturating the hardest substances. He also has an idea that the succussions of the fluid attenuations should be made *in vacuo*, and in order to produce the vacuum in the dilution bottle he invented another machine, which strikes me as being as wonderful and nearly as useful as that complicated machine for drawing corks which Hogarth has delineated in one of his pictures. Besides these he has likewise invented a machine for succussing the dilutions in the bottles so emptied of their air. This machine, which is well adapted to give the most powerful succussion strokes, may console some of us who think so highly of Herculean succussions, now that Jenichen of the strong arm is no longer among us; but those of us who believe that tinctures of soluble substances are better than triturations, that there is no need for painfully extracting the air from our dilution bottles, and that all the good that may be gained from succussion may be effected by the muscular force of any man of ordinary strength, will think that Dr. Mure has wasted a vast amount of ingenuity on the contrivance and construction of these very useless machines.

[†] L'Ecole de Rio, p. 29.

M. Weber of Paris, a distinguished homœopathic chemist, believing that the virtues of a drug were greatly developed by trituration, and that this trituration could scarcely be carried too far, proposed^s that each medicine, whether fluid or solid, should be triturated at least as high as the 15th attenuation; but as each trituration was to occupy an hour, and as the labour entailed on the chemist by the adoption of this plan would be enormous, M. Weber has invented a machine which he calls a *dynamizator*, consisting of four mortars with pestles attached, which are all set in motion by turning a handle. The commission of the Hahnemann Medical Society of Paris appointed to report on M. Weber's invention speaks very highly of its triturating powers. I think there can be no doubt about the superior power that such an instrument would bring to bear on the disintegration of those hard substances that require trituration, and, as effecting much saving of trouble, it would be advantageous to the operating pharmacist.

It is obvious that the only allowable modifications to be made in Hahnemann's pharmaceutical processes are those which have the object of simplifying the preparation of the attenuations, of obtaining the full medicinal virtues of the crude drug, and of rendering attenuations, though prepared at different times and by different individuals, of a certain uniform strength.

As it was not till a very late period of his career that Hahnemann proposed the trituration of soluble as well as of insoluble substances, and as those of the former class of substances, with which he performed both his provings and his cures, were, at all events up to the period of publication of the last edition of the *Organon* (1833), prepared throughout by the fluid plan, there seems no need for making any alteration on that plan, as far as the general principle of making tinctures of the soluble drugs—I allude especially to the vegetable medicines—is concerned. All we can do is to ascertain if Hahnemann's mode of obtaining the tinctures is the best possible one for extracting all the medicinal virtues of the plant, and obtaining a tincture of a uniform strength; if it is not,

then we are justified in employing any other method that will ensure these desiderata.

Now I would refer you to an able article in the *British Journal of Homœopathy*^a for a careful examination of this question. The paper I may state, without breach of confidence, is from the pen of Dr. Madden, one of the best qualified among us to write on such a subject, from his former studies in toxicology and pharmaceutical chemistry. You will find it there stated, on most respectable authority, that Hahnemann's method of expressing the juice of plants does, in many instances, not extract all their medicinal principles. The process of *percolation* is preferred by Dr. Madden for making all tinctures of plants, as by it a more certain, uniform, and powerfully medicinal tincture is obtained than by Hahnemann's method. But I must refer you to the paper itself for further details and suggestions relative to homœopathic pharmacy, and content myself with reproducing an epitome of the suggestions it contains.

1. That all tinctures should be prepared by percolation.
2. That all mother-tinctures should be concentrated.
3. That alcohols of the following strengths, viz., 910, 850, 830, and 790, should be used in preparing the tinctures; the proper strength for each substance being decided by direct experiment.
4. That the tinctures should be preserved in their undiluted state, and the attenuations prepared only in very small quantities, so as to be frequently renewed.
5. All substances soluble in water, and whose solutions are not decomposed by keeping, should be prepared by aqueous solution, unless they are also soluble in alcohol, in which case the latter fluid is preferable.
6. The strength of the aqueous solutions should be regulated by the strength of the medicinal properties of the drug, but should always be in decimal proportion, in order that the dilutions may be easily prepared from them.
7. The dilutions of the aqueous solutions should be made with water whenever the original substance is insoluble both in strong and dilute alcohol, or capable of acting chemically upon or combining chemically with it.

8. Substances which are either totally insoluble in alcohol and water, or which give up their soluble ingredients to those menstrua very imperfectly, must undergo trituration (and, *per contra*, no substance soluble in alcohol or water requires to be triturated).

9. The dilutions of substances which cannot be proved to possess some slight degree of solubility should be prepared by trituration not only to the third but even to the thirtieth attenuation.

Dr. Madden suggests, that in order to diminish as much as possible the list of substances requiring trituration—

A. That earths and metals capable of combining with acetic acid may be used in the form of acetates.

B. That gold may be tried as a chloride.

C. That silica may be used in a hydrated state, in which case it would be soluble in water after the third trituration.

These suggestions are very valuable, and are in consonance with the chemical science of the day, whereas many of Hahnemann's pharmaceutical technicalities owe their origin to some fanciful chemical notions of his own. Thus he considered caustic alkalies to be compound bodies, owing their causticity to a certain principle which he called *causticum*, and which he imagined he was able to separate from the alkali.¹ Again, he considered *sulphur* to be also a compound substance, and believing that alcohol only took up a portion of its constituent parts, he latterly discouraged his previous plan of making a tincture of sulphur, and advised that it should be triturated for the first three attenuations.²

In revising our pharmaceutical processes we must not suffer ourselves to be biassed by the imperfect and erroneous chemical notions Hahnemann held, but we must seek to put them upon a level with the actual state of chemical knowledge. A new and revised homœopathic pharmacopœia is urgently demanded, and I hope it will not be long before such a work appears.

¹ Chr. Kr., iii. 84.

² Ibid., v. 324.

LECTURE XIX.

ON ANTIDOTES; ON PROPHYLACTICS; ON DIET AND REGIMEN; CONCLUSION.

ONE of the features wherein homœopathy differs very markedly from the old system of medicine is the search for and administration of antidotes to the medicines that have been administered, but whose effects have been too violent.

I do not, of course, mean to say that in allopathy the employment of antidotes is not a feature of the system, but the occasion for the administration of antidotes, and the mode of their employment, as well as the manner in which they are to be ascertained, differ *toto cœlo* from the practice pursued under the homœopathic system. The great occasion the allopathist recognises for the administration of an antidote is when a patient has swallowed or otherwise received into his system a poisonous dose of some medicinal substance. Thus he consults chemistry for the purpose of discovering some agent capable of neutralizing chemically such poisons as acids, caustic alkalies, arsenic, metallic poisons, etc., and he very properly gives the antidote in sufficient quantity to effect this chemical neutralization; under similar circumstances a homœopathist must equally resort to the same mode of treating cases of poisoning—such antidotes, then, are common to both schools. But there is another kind of antidotal treatment adopted by allopathists which is altogether disclaimed and unused by the homœopathist, and that is the plan so frequently adopted of giving along with a powerfully acting drug something calculated to modify the violence of its action, or to obviate some disagreeable symptoms apt to follow its use. Thus the allopathist will put into his prescription, besides some powerful purgative medicine, an opiate or a carminative to prevent hypercatharsis or griping; or he will follow up a blue pill at night by a black draught in the morning, in

order to get rid of the effects of the mercury on the system; or, after giving a course of mercury so as to bring the body entirely under the physiological action of that metal, he will subject his patient to a course of iodine, to neutralize the remaining mercury in the system.

Such an employment of antidotes is not admissible and not required in homœopathy. We do not give our medicines in such powerful doses as to render it necessary to administer at the same time a *corrective*, as the allopathist terms his antidote; nor do we ever intentionally saturate the system so thoroughly with a drug as to render it requisite to give its chemical antidote for the purpose of effecting its neutralization. Yet the choice and administration of antidotes form an important item in the treatment of disease homœopathically, in the opinion of Hahnemann and of many of his disciples.

Hahnemann early distinguished himself by his attention to the subject of chemical antidotes to poisonous substances. In his work on arsenical poisoning, published in 1786, he devotes a considerable space to an inquiry as to the best antidotes to be used in such cases,^k and it is curious to remark that the antidotes he then recommended are precisely the same as those that have been lately advised by our best toxicologists,^l after an experience through many years of the failure of all the vaunted antidotes of arsenic.

In Hahnemann's elaborate work *On Syphilis*, published in 1789, he dwells at some length on the necessity of antidoting the effects of mercury, when it has been used in excess for the cure of syphilis, and recommends for this purpose the administration of *hepar sulphuris*,^m which he believed was the chemical antidote of mercury and of many other metallic poisons. It is curious that in later yearsⁿ he recommends this same *hepar sulphuris* as one of the dynamic antidotes for the inconveniences produced by small doses of mercury unhomœopathically administered.

In his first homœopathic essay, *On a New Principle, etc.*,^o Hahnemann points out the antidotes to many of the

^k Ueber die Arsenikvergift., § 175.

^m Lesser Writings, pp. 159, 186.

^o Lesser Writings, p. 285.

^l See Taylor on Poisons, p. 333.

ⁿ Mat. Med., i. p. 355.

powerful medicinal substances whose effects are there registered, and a few years later (1798) he wrote an essay on *Antidotes to some powerful Vegetable Substances*,^p where he attempts a classification of antidotes. He says, namely, that there are at least four kinds of antidotes, by means of which the hurtful substance may be—A. *Removed*, and that, 1, by evacuation, as vomiting, purging, excising the poisonous bite; 2, by enveloping, as giving suet where pieces of glass have been swallowed: or, B. *Altered*, and that, 1, chemically, as *hepar sulphuris* for corrosive sublimate; 2, dynamically (*i. e.* their potential influence on the living fibre removed), as coffee for opium. He goes on to relate several cases of the successful administration of antidotes in cases of poisoning; some of these antidotes were dynamical, others chemical.

In the *Organon* Hahnemann alludes indeed to the necessity for administering antidotes, but he nowhere gives us any rule for ascertaining the antidotes for medicines.

In § clxvii., to be sure, he tells us that if we have selected for a case of disease an unsuitable remedy, which has done no good to the disease, but, on the contrary, developed a number of its own symptoms, we are to take a fresh survey of the case, adding to the original symptoms of the disease these new medicinal symptoms, and select our next remedy or antidote from the whole morbid picture thus formed.

According to this passage, and several others scattered throughout his writings, we find that the similarity of the symptoms present with those of some other drug were to constitute the antidotarial character of the latter. And this we might lay down as the rule for the selection of an antidote—as Dr. Trinks^q says, “the antidotarial influence of medicines on one another depends solely upon the homœopathic principle”—were it not that we find Hahnemann recommending as antidotes certain substances whose homœopathic relationship to the medicine they are to antidote is not very clear, and certain others which are antipathic to the medicine. Thus we find that he

^p Lesser Writings, p. 374.

^q Handbuch, Einleitung, lxxviii.

recommends camphor as the antidote to an immense number of medicines, to all of which it can assuredly not be said to have a homœopathic relationship; and sweet spirits of nitre, the pathogenetic action of which is almost entirely unknown, is said to be the best antidote for the too violent effects of *natrum muriaticum*. Again, we sometimes find him advising a homœopathic antidote to one set of symptoms caused by a medicine, an antipathic one to another set, and for another set some substance that does not appear to have either a homœopathic or antipathic relation to the symptoms; thus, to give an example, he says^r opium relieves, in an allopathic and palliative manner, the paralytic symptoms and abdominal pains caused by belladonna, and in small doses it will probably remove the sleepiness it occasions. The comatose state, the mania, and the furious delirium of belladonna are removed by *hyoscyamus*; but the intoxication is only cured by wine. Lachrymose humour, chilliness, and headache, caused by belladonna, are cured by *pulsatilla*. When a quantity of belladonna has been swallowed, we should make the patient drink large quantities of strong coffee, which removes antipathically the insensibility and tetanic convulsions; and we should likewise promote vomiting. The erysipelatous swellings caused by belladonna are soon removed by *hepar sulphuris*. Camphor acts as an antidote to some of the morbid symptoms of belladonna. Thus it is evident that although in some instances Hahnemann was guided in the selection of an antidote by the symptoms of the medicine actually present, in others he did not follow this rule, but was led by something else, probably experiment and observation, to give substances as antidotes, the homœopathicity of which to the symptoms sought to be removed could not be proved. This is especially the case with camphor, sweet spirits of nitre, and mesmerism, which he recommends^r for cases where the life of the patient has been endangered by the too rapid administration of many different homœopathic medicines.

The necessity for the administration of an antidote in

^r R. A. M. L., i. 14.

^s Organon, § cccxiii., note, and Chr. Kr., i. 159.

• consequence of the too violent effects of an infinitesimal dose is, I apprehend, very rare. Some timid practitioners do occasionally talk about the advantage of homœopathic antidotes; but most homœopathic writers, who have touched on the subject, *de facto* deny the occasion for their employment when they, as I have in former lectures shown, *naïvely* assert that a fresh dose of the same medicine is its best antidote. The rationale of the administration of camphor, sweet spirits of nitre, wine, etc., in case of the over-action of a drug, seems to be that thereby a stronger but transient and different effect is produced upon the nerves, whereby the feebler impression of the medicine previously given is effaced, and the new action being evanescent, the nervous system is speedily restored to its former equilibrium—a dynamic neutralization, so to speak, is effected.

The next subject I have to bring before you is one peculiar to homœopathy, to wit, *the employment of medicinal agents to prevent diseases*. Such medicines are termed *prophylactics*.

From the very earliest periods of the history of medicine until the most recent times, the search for absolute preventives of diseases and for preservatives against poisoning has always occupied a large share of the attention of those who occupied themselves with the medical art.

It would be tedious and unprofitable to enumerate all the varieties of preservatives that have been vaunted in one age, to be despised and neglected in the next, but, for the curiosity of the thing, and to show you the attention this subject excited, I may merely allude to a few of them.

The amulets that used to be so much sought after and so highly valued in remote times, and which are still esteemed by the Orientals, are the most ancient form of prophylactics. Some of these amulets cannot fail to excite our ridicule at their absurd character. Thus, a dried toad worn next to the skin was held to be a preservative from the plague; the wearing of a red thread was deemed capable of warding off nasal hemorrhages and cramps; a portion of a human skull powdered was a febrifuge of great power. Coral worn by infants was supposed to

preserve them from all the diseases apt to accompany teething. Many of the precious gems were supposed to preserve their wearers from the effects of poisons, and some of them were said to betray the presence of poison, by changing colour. The diamond and amethyst were reputed as preservatives against drunkenness. The word *Abracadabra* written on as many lines as it contains letters, cutting off the last letter from each successive line, so that the word thus written represented an inverted triangle, was held by Serenus Sammonicus to be a preservative from fever if suspended from the neck by means of a linen thread. The febrifuge virtues of this charm Franck von Franckenau seriously attempted to refute, in a special treatise in one volume quarto.¹

Every one has heard of the supposed virtues of the *bezoar-stones*, concretions found in the stomachs of certain herbivorous animals, which were, and still are in some countries, firmly believed to be preservatives and antidotes against all manner of diseases and poisons. So lately as 1808 the Shah of Persia thought he could not send a more acceptable present to Bonaparte than a few of these precious bezoar-stones, which that great man, however, did not appreciate at their oriental value, for, it is said, he contemptuously threw them all into the fire.

Serapion² recommends the gem *hyacinth* as an excellent amulet to protect the body during thunder-storms. The ancients made much use of the *lapis lazuli* as an amulet, and Schröder held it to be an admirable charm for driving away frights from children.³

I might multiply instances of these and similar absurdities, but the above are sufficient to show the prevalence of an idea that preservatives against diseases and other calamities were to be discovered; and the universality of this notion seems to foreshadow the actual discovery of such agents.

In heathen ages the symbols or images of one or other of the gods were worn as amulets. When Christianity became triumphant, the representation of its

¹ G. Franck v. Franckenau, de *Abracadabra*; Heidelberg, 1679.

² De Simplic., 398,

³ Vide Adams's *P. Ægineta*, iii. 477.

Founder on the cross, and passages from Scripture, were used as charms to ward off the attacks of disease and the devil; and even at the present day the Roman Catholic Church arrogates for herself a monopoly in the manufacture of amulets and charms, in the shape of crucifixes, images of saints, medals, and rosaries.

In recent times attempts have been made, with more or less success, to discover prophylactics. One of the most noted and successful of these is the introduction of vaccination by Jenner, in 1798, as the prophylactic of small-pox, which it is to a marvellous extent. It was preceded by a somewhat similar means, to wit, the inoculation of small-pox itself, whereby a milder disease was usually produced than when it attacked the patient in the natural way, and the preservation from a second attack of small-pox was equally certain. This bears a resemblance to the plan adopted by Dr. Home of Edinburgh, in 1770,* for anticipating measles, by inducing a mild attack of the disease by inoculation with the blood of a measly child.

Another instance of prophylaxis occurs to me as proceeding from the allopathic school, viz., Dr. Mason Good's suggestion for the prevention of hydrophobia in those who had been bitten by a rabid dog. He states,* as a matter of common belief, that dogs which have had the distemper never become rabid, and he proposes that any one who has the misfortune to be bitten by a rabid dog should be inoculated with the morbid discharge from a distempered dog's nose. I know not if this recommendation has ever been carried into effect, it has certainly the character of plausibility to recommend it.

Beyond vaccination, however, the allopathic school of the present day does not concern itself much with medicinal prophylactics, though a great deal of attention has been paid, and that particularly in our own time, to hygienic prophylactics; but this is not the kind of prophylaxis I am engaged in considering at this time, though I am very far from undervaluing its importance, or from ignoring the great advances that have recently been made in this direction.

* Princip. Med., lib. ii. 12.

* Study of Med., iii.

The search for medicinal prophylactics is, I may say, almost-exclusively limited to homœopathists, indeed, the vast majority of allopathists will not hesitate to avow that they have no medicinal prophylactics. The *a priori* discovery of such prophylactics is scarcely possible to the allopathist; but the same rule that guides the homœopathist to the selection of a remedy, should also lead him to the discovery of a prophylactic.

The first and most celebrated of the prophylactics discovered by Hahnemann, was the preventive of scarlet-fever, *belladonna*, and the mode of its discovery is interesting, and bears some resemblance to that of the protective power of *vaccinia* against small-pox by Jenner. Hahnemann's discovery differs from Jenner's in this: that *a priori* reasoning had more to do with the former, whereas the latter was almost entirely a deduction *a posteriori* from observed facts. The following is the history of the discovery of the prophylactic virtues of *belladonna* by Hahnemann.⁷ The scarlet-fever invaded a family of four children; three of them took it, but the fourth, who was generally the first of the family to take any epidemic disease, escaped it. This child had been taking *belladonna* for some time previously for an affection of the finger-joints. Now, Hahnemann's knowledge of the pathogenetic action of *belladonna* had taught him that this virulent vegetable poison threw the healthy organism into a state bearing a marked resemblance to the early stage of scarlet-fever, and he had, in accordance with his therapeutic rule, employed it with most encouraging success for that stage. Being very anxious to preserve the numerous members of a family from the scarlet-fever, which had already seized on three of their number, he set himself to think whether or no it were possible to discover a prophylactic, and thus he reasoned:—“A remedy that is capable of checking a disease at its onset must be its best preventive;” *belladonna* was the remedy that he had found capable of curing scarlet-fever in its early stage—the case of accidental preservation from scarlet-fever in a child who had been taking *bella-*

⁷ Vide Lesser Writings, p. 434 et seq.

donna for an articular disease occurred to his memory, and from these slight data he rightly inferred that belladonna was the prophylactic of scarlatina. He accordingly administered his new-found preservative to the five remaining children of the family in which the disease had broken out virulently, and to his satisfaction he found that they were all completely protected from the disease, though constantly exposed to the emanations proceeding from the affected children.

In my introductory lecture, I showed you the strange plan adopted by Hahnemann for getting his prophylactic tested by his medical brethren; but it is of more importance to consider in this place the testimony of others in favour of the preservative powers of belladonna in scarlet-fever. I shall bring forward as witnesses only such as cannot be suspected of having a bias in favour of homœopathy, namely, partisans of the allopathic school.

Bloch^a gave belladonna to 270 children during the prevalence of a very malignant form of the epidemic, and he remarked that when it was continued for ten or twelve days the children were completely protected from the disease. Cramer^b gave it to ninety children, none of whom were attacked. Gelnecki^c gave it to ninety-four children, seventy-six of them escaped the disease. Hufeland^d himself certifies on various occasions to the efficacy of this prophylactic, and in 1826 he wrote a special treatise on the subject,^e wherein he collected all the evidence that had been published up to that time in favour of the prophylactic virtue of belladonna in scarlet-fever. Wolf^f gave it to 120 children, eighty-one of these remained free from infection for a quarter of a year; those affected had the disease very slightly, only four of them died, and then only during the period of desquamation from dropsy. Ibréle,^g a practitioner at Metz, saw twelve children preserved from scarlet-fever by belladonna, whereas 206 children among whom they lived were attacked by the disease. Velsen^h gave belladonna to

^a Rust's Mag., xvii. 39.

^b Ibid., xxv. pt. 3.

^c Hufeland's Journal, 1825, 11, 7.

^d Ibid., xliii., 2; lxi. 5.

^e On the Prophylactic Power of Belladonna in Scarlet-fever. Berlin, 1826.

^f Horn's Archiv, 1822, pt. 6, 460.

^g Bull. de la Soc. d'Emulat., Ap., 1823, p. 201.

^h Horn's Archiv, 1827, pt. 2, 200.

247 children, thirteen only of whom contracted the disease. Berndt^a gave belladonna to 122 children, eighty-two of these were exempt from the disease, eleven got it up to the third day of using the prophylactic, nine got it between the sixth and eighth days, five got it later, and fifteen got it after leaving off the use of the prophylactic. Schenk¹ gave belladonna, which he obtained from Hahnemann himself, during a very fatal epidemic, to 525 persons, 522 escaped the disease. The three who were attacked had only taken the preventive four times. Behr^j gave it to forty-seven persons, forty-one of these escaped the disease, and only six were attacked and that very slightly. Zeuch,^k physician to a foundling hospital in the Tyrol, relates that out of eighty-four children in the establishment twenty-three were attacked by scarlet-fever; he gave belladonna to the remaining sixty-one, and only one of these got the disease. In another children's establishment where he was physician, he gave the prophylactic to seventy, and only three of these were attacked.

I might easily multiply instances from the writings of allopathic authors to show the enormous mass of evidence in favour of the real protective power of belladonna. In the few allopathic experiments which give a contrary result, and seem to indicate little or no protective power on the part of belladonna, the failure may, I am convinced, in many cases be accounted for by the doses of belladonna having been extravagantly large, administered at improper intervals, combined with other drugs, or not persevered with sufficiently long, and by the epidemic in which the prophylactic was employed, in some cases it may be in proper doses, not having been the true smooth scarlet-fever of Sydenham, for which alone, as Hahnemann always insisted, was belladonna the prophylactic.

But I have said enough on this subject; let us now turn to the other prophylactic medicines recommended by Hahnemann.

In the same essay in which he announced belladonna

^a Bem. üb. das Scharlachf., 1827.
^j Ibid., lvii. St. 2, p. 3.

¹ Hufeland's Journal, xliii. St. 2.

^k Salzbg. med. chir. Ztg., 1823, ii. No. 32.

to be the prophylactic of scarlet fever, he suggested¹ that it might also be the preventive of measles; but as he does not repeat this opinion in after years, we may conclude that he abandoned it.

The only other disease for which he attempted to discover a prophylactic was that most sudden and fatal of epidemics the Asiatic cholera. At first^m he recommended a dose of *cuprum* 30, taken once a week during the prevalence of the epidemic. Latterlyⁿ he advised *veratrum* and *cuprum* alternately, week about, for the same purpose, and he speaks very favourably of the preservative power of a plate of copper worn next the skin. Dr. Roth of Munich is also an advocate for this method of protecting from cholera by means of copper worn next the skin; and the reality of the protective influence of this metal and its alloys has lately received most striking corroboration by the researches of Dr. Burq of Paris,^o who has brought forward an immense body of evidence to show that copper miners and persons engaged in the manufacture of copper and brass instruments were almost completely protected from the cholera that devastated the population around them.

Another epidemic disease for which a prophylactic has been recommended is measles, for which *pulsatilla* and *aconite* have been variously advised. I have tried them both in families which have been invaded by the measles, but hitherto without success, unless a very mild form of the disease, which has occurred in every instance after the administration of these two remedies, may be considered as indicating a partial success. Arnold recommends *sulphur* as the prophylactic of measles; I cannot speak from experience of its value.

Dr. Hering, in 1830, suggested^p that the preventives of many diseases might be found in their own morbid products; that, for example, the saliva of the rabid dog might be the prophylactic of hydrophobia; variolous matter preserve from small-pox; epidemic and miasmatic diseases, find their prophylactic in their own seeds; the plague,

¹ Lesser Writings, p. 439.

^m Ibid., p. 848, note.

^p Arch., x. 2, 27.

ⁿ Ibid., p. 848.

^o Métallothérapie, p. 28.

the malignant pustule, the itch, each provide its own preventive. He does not, however, seem to have put his views to the test of experiment.

Dr. Croserio¹ proposes, as a preservative against infection with gonorrhœa, *mercurius* 30, three globules taken on two or three successive nights after the suspicious connection. He says this practice has *always* succeeded with him, and that he was guided to the choice of *mercurius* as the prophylactic from the homœopathic analogy of its pathogenetic effects with the symptoms of gonorrhœa. It is evident that it would require an immense number of cases to prove that there was any preservative property in this medicine against a disease like gonorrhœa, and as Dr. Croserio does not give us the slightest information as to the number of individuals over whom his observations extended, we cannot attach much value to his sweeping assertion as to the invariable efficacy of his preservative.

At one of the meetings of the Hahnemann Medical Society, Dr. Cronin gave an interesting account of a severe disease that attacks all strangers who came to reside in certain parts of the Levant; it is called the Aleppo pustule, its chief characteristic being a large carbuncle or boil, that runs a very slow, tedious, and painful course, extending altogether over a year. Led by the consideration of small-pox and its modification by inoculation, he treated a newly arrived stranger by inoculating him with the pus from one of these boils, and he was gratified to find that the disease which occurred from inoculation was comparatively slight, short, and painless. This may be considered as a case of prophylaxis by inducing artificially a milder disease.

Dr. Winter, in a learned essay on prophylaxis,² whilst he denies the existence of special prophylactics, as vaccine for variola, belladonna for scarlet-fever, aconite for measles, contends, on the other hand, that there are general prophylactics. He says that those chiefly liable to epidemic, miasmatic, and contagious diseases are such as are not in a good relative state of health, there is

¹ Journ. de la Méd. hom., i. 212.

² Hyg., xxi. 122.

something wrong with their vegetative system to which these diseases have a particular affinity; and he further states, that if we are able to act on the vegetative system in such a way as to eradicate its faults, we shall put those persons in a condition to resist these diseases, or at least to have them very mildly. In order to effect this change in the vegetative system, he proposes to give successive doses of the 1st, 2nd, or 3rd dilution or trituration of mercurius, followed by sulphur, calcarea, lycopodium, graphites, arsenicum, etc.

A similar idea seems to have occurred to Dr. Gastier of Thoissey, who wrote a special* work on the subject of prophylaxis. Although his object is chiefly to preserve from chronic diseases, he nevertheless also makes allusion to the prophylaxis of epidemic diseases, on which subject, however, he adds nothing to our knowledge. As regards chronic diseases, he starts with the idea that they originate from the psoric miasm, in most cases transmitted by the parents to their offspring. When there is reason to suspect such a hereditary psoric constitution in an infant, which in later life would become developed into different dyscrasias, he recommends that the child be subjected to an antipsoric prophylactic treatment, consisting of a succession of the so-called antipsoric remedies. The course he recommends is as follows:—1, sulphur; 2, sepia; 3, carbo vegetabilis; 4, arsenicum; 5, belladonna; 6, lachesis; 7, nitric acid; 8, silicea; 9, thuja; 10, lycopodium; 11, graphites; 12, calcarea; 13, phosphorus. A dose of each of these medicines, consisting of one globule of the 30th dilution, is to be administered to the child every fifth day until the course is finished, unless there should occur after any one of them an eruption on the skin, in which case the course is to be interrupted until this artificial eruption has gone off. If no eruption take place, the preservation is, says Gastier, equally certain; but, in order to make assurance doubly sure, he recommends that the course be repeated every year. The medicines in the above course may, Dr. Gastier remarks, be given either by the mouth or by olfaction.

* De la Prophylaxie en général, etc., 1852.

Dr. Fearon¹ has favoured us with his views on the necessity for pursuing a course of preventive treatment in cases of suspected constitutional tendency to disease, not only in the very earliest infancy, but also from the very moment of conception, when that can be ascertained. In the latter case, he of course intends that the constitutional treatment of the fœtus shall be through the system of the mother. He does not enter into any detail respecting the constitutional preventive treatment to be adopted, still less does he lay down a list of medicines to be given, like Drs. Winter and Gastier. His essay is well worth perusal, on account of some peculiar and ingenious views he unfolds respecting the detection of latent disease, more particularly by certain peculiarities in the iris. If his views on this subject should be corroborated, he will have added a very useful aid to our diagnosis of obscure and as yet undeveloped disease.

The subject of prophylaxis is one of considerable moment, and has not yet been sufficiently developed. If we can, by means of the homœopathic principle, discover preventives for such diseases as scarlatina and cholera morbus, the discovery of medicinal preventives for other diseases of an equally fixed character seems to be feasible. As yet I cannot say that such preventives have been discovered, for it is by no means supported by evidence that pulsatilla or aconite protect from measles, hydrophobic saliva from hydrophobia, varioline, taken internally, from small-pox, or potentized itch-matter from scabies. That we shall ultimately succeed in discovering more prophylactics for fixed diseases I do not doubt; in the meantime it cannot be said that we have advanced in this direction beyond the point Hahnemann brought us to. As regards the so-called prophylactic treatment of infants suspected of hereditary taints, assuredly there is a great deal to be done; but I doubt very much if the courses of medicine advised to be given to infants by Drs. Winter and Gastier would be of much use. I am of opinion that the best plan to adopt with infants is to place them in the best

¹ Brit. Journ. of Hom., ix.

hygienic conditions, and not to resort to medicinal interference until we see something to treat; and it will often happen that we may obtain a correct knowledge of the peculiar diathesis of a child from very trivial signs during the first weeks or months of its life, and be enabled, by the administration of the appropriate remedies, to check such diatheses, as it were, in the bud. If the mother is unhealthy during the gestation of the child, we should devote great attention to her treatment, as by rendering her healthier we may greatly influence for good the constitution of the fœtus, that derives its sole nutriment from her. To fix on a certain definite course of medicines that is to be crammed down every suspected infant's throat, is a more senseless procedure than the inevitable spoonful of castor-oil, with which our midwives are wont to lubricate the alimentary canal of each tiny morsel of humanity as soon as it is ushered into this inhospitable world.

The next subject that shall occupy our attention this evening is that of *diet* and *regimen*.

The science of dietetics admits of two great divisions, to wit, the dietetics of the healthy and the dietetics of those that are ill. The physician must be prepared to advise in both these departments, for a good system of dietetics for the healthy is necessary in order to ward off diseases; in other words, it is useful in a prophylactic point of view. As, however, there is nothing peculiar to homœopathy in the dietetics of the healthy, I need not dwell upon that division of the subject, but proceed at once to the dietetics of the sick, respecting which it is generally believed homœopathy offers some remarkable peculiarities. Indeed, those of our adversaries who recognise the success of the homœopathic method are constantly in the habit of referring that success to the excellent system of dietetics enforced on all homœopathic patients, which, however, they will not adopt, nor even take the trouble to inquire into; whilst those who wish to frighten patients from homœopathy are in the habit of making a terrible bugbear of our dietetics, and representing it as a system of starvation, or, at all events, of the deprivation of all those little creature-

comforts which many believe so necessary to their existence. We shall presently see how much truth there is in either of these representations.

Hahnemann early set his face against the pedantic rules of the would-be scientific dietists, and in an admirable little popular paper, published in 1792,^a he argues very sensibly that the instincts of the stomach are to be attended to for the regulation of the food to be put into it, both in health and in disease. He distinguishes carefully betwixt the true natural instincts of the stomach and those perverted and depraved desires that are incident to the victim of over-indulgence and gluttony. He laughs at the idea of any standard or normal system of diet for all, even those in health, and insists on adapting the diet to the constitution and digestive powers of each individual.

A few years later he again recurs to this important subject, in an essay addressed to his professional brethren.[†] Here he again ridicules the attempt to fix upon a standard system of diet. "A universal diet," he says, "like a universal medicine, is an idle dream." He illustrates the folly of a too strict system of diet by two cases, which it is worth while to read to you. "I once," he writes, "knew an ignorant over-officious practitioner prescribe such a severe diet to a healthy young woman after a favourable first labour, that she was on the eve of starvation. She held up for some days under this water-gruel diet—all meat, beer, wine, coffee, bread, butter, nourishing vegetables, etc., were denied her, but at last she grew excessively weak, complained of agonizing after-pains, was sleepless, costive, and, in short, dangerously ill. The medical attendant attributed all this to some infraction of his dietetic rules. She begged to be allowed some coffee, broth, or something of the kind. The practitioner, strong in his principles, was inflexible—not a drop! Driven to desperation by his severity and her hunger, she indulged her innocent longings, drank coffee, and ate in moderation whatever she fancied. The practitioner found her, at his next visit, much to

^a Lesser Writings, p. 220.

Ibid., p. 359.

his surprise, not only out of danger, but lively and refreshed; so he complacently noted down in his memorandum-book the excellent effects of slop-diet in the treatment of lying-in women. The convalescent took good care not to hint to him her very natural transgression of his rules. This is the history of many, even published observations! Thus the disobedience of the patient not unfrequently saves the credit of the physician."

The next case shows the necessity of not depriving a patient of anything that long habit had rendered perhaps indispensable. "A country midwife fell sick of gastric fever. I purged her; I ordered her for drink water and very small beer, and extreme moderation in eating. At first, things went on very well; but after a few days, a new continued fever, with thirst, wakefulness, weariness, confusion of ideas, came on to such an extent as to render her state dangerous. I left none of the ordinary remedies untried; all in vain. I now left off everything, from the sulphuric acid to the soup, and promised to prescribe something on my return. I informed the relatives of the danger I apprehended. The following day I was told that the patient was recovering, and that my services were no longer required. To my astonishment, I saw her pass my window a few days afterwards, perfectly recovered. I subsequently learned that when I had discontinued the medicine, a quack had been called in, who had given her a large bottle of essence of wood, his universal medicine, and told her to take so many drops of it. No sooner had she tasted the brandy in it, than she gained, as it were, new life. She took the drops by tablespoonfuls, and after a good sleep she rose completely cured." In the same paper he remarks that it is much less frequently necessary than is generally supposed to make a material alteration in the diet of patients suffering from chronic diseases; and that in acute diseases the awakened instinct of the patient is often considerably wiser than the physician. He deprecates frequent or extensive changes in the diet whilst we are giving medicine; and relates the case of an old gentleman affected with

ulcers of the legs, of long standing, who was a great *bon-vivant* and drank a quantity of spirits, whom he cured without making any change in his diet whatever.

The same common-sense principles continued to guide him at the period when he made his discovery of the prophylactic power of belladonna in scarlet fever. In the treatment of that disease he advises us to allow the patient a free choice of all kinds of drinks, and warmer or cooler coverings to suit his feelings. "The patient's own feelings," he says, "are a much surer guide than all the maxims of the schools." It should be remembered that at the time Hahnemann enunciated these sensible opinions, the general method of treating scarlatina and other exanthematous febrile diseases was to half-smother the patient with blankets and a rigid exclusion of air, and to refuse to allow him to drink according to his thirst. We have all become wiser since then, but Hahnemann was one of the first who attempted to overthrow the ancient superstition.

In the *Medicine of Experience*,* he hints that there are certain principles to guide us in the dietetics of chronic diseases; but "in acute diseases," he says, "the delicate and unerring tact of the awakened internal sense that presides over the maintenance of life speaks so clearly, so precisely, so much in conformity with nature, that the physician needs only to impress on the friends and attendants of the patient not to oppose, in any way, this voice of nature, by refusing or exceeding its demands, or by a hurtful officiousness and importunity."

In the *Organon*† Hahnemann dwells at greater length on the subject of the diet in chronic diseases, and he there lays it down as a vital rule that everything that can have any medicinal action must be removed from the diet and regimen of such patients. In a note, he gives a list of things that may prove obstacles to the cure by reason of the disturbing effects they may have on the system. This list comprises coffee, tea, herb-teas, some kinds of beer, liqueurs, punch, spiced chocolate, perfumes, strong-scented flowers in the room, tooth

* Lesser Writings, p. 541.

† §§ cclix.—ccxli.

powders and sachets composed of drugs, highly seasoned dishes and sauces, spiced cakes and ices, raw or cooked medicinal vegetables, old cheese, high meats, pork, ducks, geese, very young veal, excesses of all kinds, whether in food, sugar, or salt. He also forbids spirituous drinks, heated rooms, flannel next the skin, sedentary life in close rooms, indulgence in merely passive exercise, as riding, driving or swinging, prolonged suckling, sleeping long after dinner, late hours, debauchery, the perusal of obscene books, anger, grief, vexation, gambling, excessive labour, mental or bodily, a marshy situation, damp rooms, penurious living, and so forth. Some of the last-mentioned things it might often be more easy for the doctor to forbid than for the patient to renounce.

As regards the diet in acute diseases, he repeats^{*} his former assertion that the instinct of the stomach is the best guide as to what the patient should have and what he should avoid; and he insists that officious attendants should not interfere with the patient's longings. "The desire of the patient affected by an acute disease," he continues,^{*} "as regards food and drink, is certainly chiefly for things that give palliative relief; they are, however, not, strictly speaking, of a medicinal character, and merely supply a sort of want. The slight hindrances that the gratification of this desire, within moderate bounds, could oppose to the radical removal of the disease, will be amply counteracted and overcome by the power of the homœopathically suited medicine and the vital force set free by it, as also by the refreshment that follows from taking what has been so ardently longed for. In like manner, in acute diseases, the temperature of the room and the heat or coolness of the coverings must also be arranged entirely in conformity with the patient's wishes." He adds in a note,^{*} that it is seldom the patient desires anything prejudicial. In inflammatory diseases, for example, where aconite is indispensable, whose action would be destroyed by vegetable acids, the patient almost always desires pure cold water only.

Organon, § cclxii.^{*} Ibid., § cclxiii.^{*} By some accident this note has been omitted in my translation of the Organon.

On the subject of diet and regimen in chronic diseases he enters at much greater length in his last great work.^b He says he cannot lay down any rules that will be adapted to every case, the practitioner must, in his directions to his patients, be guided by the peculiar circumstances of each case.

The following are the principal directions he gives in addition to those laid down in the *Organon*. Where, says he, there is strength sufficient, the patient should pursue his ordinary occupation, provided it is not one that is prejudicial to health. Those accustomed to a sedentary life should take more exercise in the open air. Rich patients should make it a point of duty to walk more than they are used to. Moderate dancing is not hurtful, nor the company and conversation of friends. Music and lectures may be indulged in moderately; the theatre very seldom; card-playing not at all. Amorous dalliance with the other sex and reading meretricious romances must be forbidden. Those addicted to too much study should be restricted in that, and made to engage in some manual work.

All domestic medicines are to be discontinued. Setons and issues cannot be moved all at once, in aged persons especially; we must wait till considerable improvement has taken place before we can venture to dry them up.

Baths (I presume he means warm baths) must be left off; venesection and cupping cannot be permitted under any circumstances.

In chronic diseases, among the poorer classes, where the digestive functions are not involved, we need not be very strict with their diet; we should only make them moderate their use of onions and pepper.

He who is anxious for his recovery, he adds, may find, even at the sumptuously spread table of a prince, dishes that are perfectly suitable for a diet in conformity with nature.

As regards coffee, young people can give it up at once, but those who have been used to drink it for thirty or

^b Chr. Krank., i. 131 et seq.

forty years, can often only abandon it gradually.* Roasted rye or wheat may be substituted for it. Tea he forbids absolutely, whether weak or strong.

Wine cannot be so entirely discontinued by those accustomed to its use, without bad, often dangerous, effects. He recommends that it should be gradually diminished in quantity, and plentifully diluted with water.

Brandy must be left off; wine, and afterwards wine and water, substituted for it.

The practitioner cannot allow his patient to drink all sorts of beer, for some are made with unwholesome ingredients; he must therefore be careful what kind he allows his patient to drink.

Vinegar and lemon-juice are to be eschewed, especially by those affected with nervous or abdominal complaints. Sour fruit must be taken very sparingly, and sweet fruit moderately; stewed prunes, to help costiveness, are not advisable. Those of weak digestion should shun very young veal, and those whose sexual powers are low should avoid chickens, eggs, vanilla, truffles, and caviar. Women with scanty menses should not take saffron or cinnamon, nor should persons with weak digestion indulge in spices or bitters. Flatulent vegetables should be avoided in all cases of abdominal ailments and constipation.

Beef, good wheaten or rye bread, milk, and fresh butter with little salt, seem to be the most natural and innocent diet in chronic diseases. Next to beef come mutton, game, old fowls, and young pigeons. Chronic patients cannot be allowed to take the flesh or fat of geese, ducks, or pork. Pickled and smoked flesh must rarely be eaten. Raw vegetables, pot-herbs, and decayed cheese should not be indulged in.

Fish is best when boiled in plain water. Dried and smoked fish should not be used, and salted fish very rarely.

Tobacco-smoking may be often allowed to those accustomed to its use, and who do not spit when they

* In the first edition of the *Chronic Diseases* he permitted the use of coffee to elderly persons; but here he says it must be absolutely abandoned.

smoke; but its use should be limited when the mental functions, the sleep, the digestion, or the motions of the bowels are disordered. In those who are in the habit of only obtaining a stool after smoking, its use should be very much restricted. Snuffing is much more objectionable than smoking. Hahnemann, as is well known, smoked incessantly, but did not snuff. Perhaps to this circumstance we may ascribe his apology for the one practice and his condemnation of the other.

These, then, are Hahnemann's chief directions in reference to the diet of patients in acute and chronic diseases, and it will be observed that they are by no means of a very rigid character. As regards acute diseases, indeed, the instinct of the patient's stomach is to be the physician's guide; and as regards chronic diseases, there are very few articles that are absolutely forbidden, most of the enumerated viands, condiments, and drinks being only prohibited in special cases, but allowed to be partaken of moderately in other cases.

The diet of patients under homœopathic treatment has occupied a considerable amount of the attention of homœopathic practitioners; there is not a domestic book that does not contain long lists of "aliments allowed" and "aliments forbidden," and in most of these certain articles of food and drink are dogmatically represented as absolutely wholesome, and certain others as absolutely hurtful. In many cases the writer has probably been guided by the idiosyncrasies of his own little stomach, in his selection of the allowed and forbidden categories for the enumerated articles of food and drink. Some authors, apparently of weak digestion, have put so many of the ordinary articles of diet, which are quite wholesome to most persons, and even most patients, into their *index expurgatorius*, that it is scarcely a matter of surprise that nervous patients, fresh from the perusal of such ascetic dietaries, should entertain a horror of homœopathy, and imagining it to be a kind of perpetual Lent, prolong their carnival under allopathic auspices, from very dread of not being able to survive the austerity of our dietetic system.

Every list I have seen of prohibited and permitted ali-

ments contains articles of food that should be included in opposite categories in reference to individual cases. How many persons are there who dare not touch one or other of those common articles of diet which agree with most, to wit, milk, butter, eggs, potatoes, cocoa, etc.; and how many persons, with what we consider weak stomachs and digestions, are there who can only flourish on what would derange the digestion of most other individuals. A remarkable instance of this occurred in my own practice. A lady, in the early period of pregnancy, was affected with constant vomiting. Everything she swallowed was immediately rejected, and the saliva ran from her mouth in an almost continuous stream. This state of things had lasted some weeks, in spite of the administration of every conceivable homœopathic medicine adapted to her condition, and in spite of experiments with almost every variety of food. Vomiting set in the instant she swallowed anything. In the midst of this melancholy state of affairs she was one evening seized with a sudden longing for a lobster. A fine large one was brought to her; she ate it with avidity, and retained it without the slightest sickness. For two or three days more she could eat nothing but lobsters, everything else brought back the vomiting; but finally she was able to eat anything—she was quite cured. In former pregnancies the vomiting had always continued, with more or less intensity, for six months; on this occasion it did not last as many weeks. Such cases put us in mind of the saying of Lucretius—"Ut, quod aliis cibus est, aliis fiat acre venenum;" *anglice*, "what is one man's meat is another man's poison."

Various special works on *Homœopathic Dietetics* have been published in Germany. The first that appeared was from the pen of Dr. Gross.^d Dr. Caspari wrote another in the form of a catechism.^e A still more compendious work was published by Dr. Hartmann^f in 1830, and a smaller one^g by the same writer in 1846. The authors of all these works are dead; let us hope

^d Diätetisches Handbuch für Gesunde und Kranke; Leipzig, 1824.

^e Katechismus der hom. Diätetik für Kranke, 2te Aufl.; Leipzig, 1831.

^f Handbuch der Diätetik für Jedermann.

^g Diätetik für Kranke.

that they are now regaling themselves on ambrosia and nectar, without any misgivings as to whether those celestial aliments contain any ingredients forbidden to the homœopathist.

The writers on homœopathic diet have not in general been so cautious as Hahnemann, but have made absolute his conditional prohibitions of certain viands. I much prefer Hahnemann's caution to the dogmatism of his disciples. Our dietetic rules must be adapted, like our medicinal prescriptions, to each individual case. The object of dietetic restrictions is twofold: 1st, to prevent the patient taking any medicinal substance that could interfere with the medicine he is taking, or set up an independent medicinal action of its own; and 2nd, to prevent him taking any article of food that could derange his stomach or prove indigestible. The physician can direct the patient in reference to the first point, but, as regards the second, he must be guided very much by the patient's experience as to what agrees and what disagrees with him. Thus, to a patient who cannot take milk with impunity, he would not insist that milk was a suitable article of diet; and to one with whom pastry agrees well, he would not think it necessary to prohibit that much maligned luxury; supposing always there was nothing in his disease contraindicating its use. It will be observed that Hahnemann's prohibition of condiments and spices is only conditional, and I have often found it absolutely necessary to restore to patients a certain amount of the condiments of which they had been absolutely deprived by a former homœopathic practitioner or by myself; for they found their food so unpalatable without the pepper, mustard, etc., to which they had been previously accustomed, that their appetite almost completely failed. In such cases, the harm done by the moderate ingestion of the ordinary spices with which our dishes are seasoned is more than counterbalanced by the increased vigour attained by a better appetite and a greater relish for food. Of course, it is only in certain cases where this slight departure from the strict dietetic rules adopted by some can be allowed; but the judicious and attentive practitioner will readily know

when to allow and when to prohibit such dietetic luxuries.

We have seldom any difficulty in persuading patients to abandon the use of coffee and adopting a substitute for it, but with tea the case is different. This mildly stimulating and exhilarating fluid is so much drunk by all classes in this country, from their very infancy almost, that with most it seems to have no appreciable medicinal effect, and yet with many there is no greater deprivation to which we could subject them, in a dietetic point of view, than taking from them their favourite beverage; accordingly, it is seldom necessary to prohibit the use of good black tea in moderation during the homœopathic treatment of chronic disease. Green tea, being mixed up with medicinal mineral substances, is of course under no circumstances to be allowed; nor can even black tea be permitted where nervous symptoms or palpitation contraindicate its use. Although Hahnemann was absolutely opposed to the use of tea under all circumstances, he permitted the smoking of tobacco in almost every case. In Germany, especially in Hahnemann's time, drinking tea was a rarity, while smoking tobacco was almost a universal habit. In this country, on the contrary, tea-drinking is universal, tobacco-smoking by no means so. Now, since habit reconciles us to the use of things not in themselves absolutely unmedicinal, and prevents us experiencing their medicinal effects, if we may allow the German his pipe of tobacco, we may certainly indulge the Englishman in his cup of bohea, without prejudicing the cure in either case.

As regards the indulgence in stimulants, such as wine, beer, spirits, etc., the observations of Hahnemann on that point which I have just read, are most judicious. We cannot always, with safety, altogether prohibit stimulants to those accustomed to them, but we can diminish their quantity, if that seems to us too great; we can make them dilute their wine, substitute diluted wine for spirits, and select a pure wholesome beer, if that is the beverage they are used to; but in many cases we can at once discontinue the use of all stimulants with advantage.

As regards the diet in acute diseases, little can be added to what Hahnemann has said respecting the expediency of being guided by the instincts of the stomach. We must, however, be careful to distinguish betwixt the real cravings of the stomach and those morbid longings for food often experienced by patients at the commencement of febrile diseases, the indulgence of which would be fraught with danger.

The administration of stimulants in certain cases of typhoid fever is, I am convinced, often indispensable to the recovery of the patient. In a former lecture I alluded to the conditions under which wine or spirits are considered essential in such cases, and I have only now to add, that the utmost caution and circumspection should be employed in the administration of such powerful agents. The practitioner must, as it were, give stimulants with his finger on the patient's pulse, and carefully watch the effect of each dose. Many lives I am sure, have been saved, both by homœopaths and allopathists, by the judicious administration of stimulants in cases of typhoid disease, where the power of life seemed to be sinking beyond the possibility of recovery, at least by mere medicine.

Had the plan of this course of lectures permitted, there are many other subjects connected with homœopathy which might have engaged our attention, such as the comparative advantages of homœopathy and allopathy, the statistics of both methods, and the objections raised against our system by the allopathists, together with the ethical relations of the rival schools; but these subjects, each of which would have required an entire lecture for its consideration, would have been rather out of place in a course of this kind. I believe I have touched on (imperfectly, in many instances, it may be) a point of practical and theoretical importance relative to the homœopathic system of medicine, and I shall now bring this course of lectures to a close by recapitulating in a very brief summary, the chief points that have engaged our attention during the past weeks.

The three cardinal points of the homœopathic system

that are acknowledged by all the disciples of Hahnemann, however they may differ in other matters, are—

1. The proving of medicines on the healthy, in order to ascertain their pure pathogenetic effects.

2. The administration of the medicines so proved, according to the therapeutic maxim expressed in the phrase *similia similibus curentur*.

3. The administration of the proved medicines according to this principle, singly and alone.

All who hold these articles of faith and practise accordingly are homœopathists, and acknowledge as their master the great Medical Reformer of the nineteenth century, Samuel Hahnemann.

I have shown, in the course of my lectures, that the most rational views on the subject of pathology lead to the recognition of the homœopathic therapeutic principle as the only plausible guide in the administration of the curative agents termed medicines; that the recognition of this principle as our therapeutic guide involves the necessity for proving medicines, according to the method laid down by Hahnemann, and that the practice of giving but one medicine at a time is a necessary corollary from the other two maxims. I have endeavoured to show that the empirical system of treating by specifics, which has obtained to a certain extent in medicine from the earliest times, is nothing more than an unwitting practice of a rude homœopathy, and that all the methods of medicinal treatment which possess a real value are referrible, in a greater or less degree, to the same principle.

In my examination of the peculiarities of the system of Hahnemann I have attempted, with what success it is for you to determine, to discriminate the essentials from the non-essentials of the Hahnemannian doctrine, and I have never hesitated, out of respect to the authority of the Master, to show where I believed him to be in error with respect to the accessories of the homœopathic system.

In many theoretical points I have dissented from the views of Hahnemann, more especially in regard to his explanation of the curative process, his doctrine of chronic

diseases, and his theory of the dynamization of medicines. In all these matters Hahnemann may be proved to be in error, and yet the truth of the great therapeutic principle with which his name is for ever associated is left unaffected; and it is my belief that the more correct our views are respecting physiology, pathology, and pharmacodynamics, the more irresistibly will the truth of the homœopathic therapeutic principle force itself upon our convictions, and the better will we be able to produce a conviction of its truth in the minds of our misbelieving colleagues.

I am very far from agreeing with those homœopathic practitioners who see in the doctrines of Hahnemann a perfect and unimprovable system of medicine; on the contrary, I believe there is much, very much still to be done. Medicine is and ever must be a progressive science, and though Hahnemann has, by the brilliant discoveries of his genius, given it a gigantic push forwards, the desired goal of treating diseases *tuto, cito et jucunde* is not yet fully reached. There are still vast difficulties attending the selection of the remedy; the rule for the administration of the appropriate dose remains yet to be discovered; the best periods for the repetition of the medicine are still uncertain, and there are still many diseases that are not amenable to the very best treatment.

Let us not, then, rest contented with what has been done, but let us each ask ourselves what is still to do, and let each contribute his mite towards the great work of reformation, so promisingly commenced by Hahnemann.

Many of the medicines contained in our *Materia Medica* are still but imperfectly known; these must be subjected to careful and patient physiological experimentation. Many of the best-proved medicines present to our examination a sad jumble and confusion of symptoms; let it be our endeavour to construct order out of this disorder, and to ascertain the natural groupings of the symptoms that are wofully dissociated from their natural connections. The storehouse of nature still contains many powerful medicinal substances, which are

to us a sealed book, because we are entirely ignorant of their pathogenetic action ; let us carefully test them in reference to their physiological effects—we shall thereby be enriching our treasury of curative agents, and rendering a service to suffering humanity. Much may be done for our art by the individual experience of each of us ; let us, then, mutually communicate the knowledge we have obtained by our several observations. Medicine, even though it has a guiding principle, must still remain to a certain extent an empirical art, and none gifted with common powers of observation and engaged in active practice can avoid learning something which is not known to all the rest. If every new fact, every new truth discovered, every corroboration of others' observations, were at once made common property by being communicated to all, we should soon be in possession of a mass of materials that would tend ever more and more to diminish the uncertainty of practice, and render our art more perfect. An experimental or empirical art, like that of medicine, is ever progressive, and as a noble edifice is but a collection of paltry bricks and stones, so it is the accumulation of many small and individually trivial details that will gradually advance our art to perfection. Accurate and truthful observation in medicine is difficult, but not impossible. It has too frequently happened that medical men have recorded as facts the wild imaginings of their own fantastic brains, and, I am sorry to say, homœopathy is not free from such unfortunate delusions ; indeed it would be wonderful were it otherwise, for every novelty is apt to draw towards it the visionaries and the speculative quidnuncs, who set up as prophets and teachers, and are sure to draw crowds of admirers after them, who seem to be fascinated by the very absurdity and wildness of the doctrines broached. We have seen how the monstrous isopathic heresy for awhile seduced a number of the flighty minds amongst us, and more recently we have seen a crowd of respectable practitioners lending a willing ear to the vagaries of a lunatic horse-trainer. These extravagances flourish for a time and are speedily forgotten ; but the small kernel of truth that they may contain remains, and gradually assumes its

proper place in subordination to the great truth which they haply at one time threatened to extinguish. The history of these heretical aberrations should teach us to weigh well and carefully our own observations, lest we, too, be seduced to jump to general conclusions from insufficient data, and damage the cause we wish to promote by hasty and untenable assertions. In a new science like homœopathy the ground is all unexplored, and we must grope our way with care and caution, lest we stray in a wrong direction, and hopelessly lose ourselves in the unknown forest, where, from want of landmarks and load-stars, we may find it difficult to retrace our steps, and may not succeed in doing so, without suffering considerably from the thorns and briers that beset our path.

APPENDIX.

A.

DOSES EMPLOYED IN HAHNEMANN'S PROVING OF GOLD.

(To page 89.)

HAHNEMANN states (*Chron. Krank.*, ii. 217) that, in the proving of gold, some of the provers took one hundred grains of the 1st trituration of gold-leaf, equal to one grain of pure gold, while the others took two hundred grains of the same preparation, in order to produce the effects recorded.

B.

DR. ALTSCHUL'S POSOLOGICAL RULE.

In my lecture on the "Theories of Cure," page 85 (note a), I promised that when I came to treat of homœopathic posology, I should give an account of Dr. Altschul's attempt to determine the proper dose of the remedy by the laws of polarity. I find, however, that in my lectures on posology I have unaccountably omitted all allusion to Dr. Altschul's views. I must therefore beg the reader to peruse the following account in connection with Lecture XV. It should have come in at page 434, immediately after the exposition of Attomyr's views.

Dr. Altschul (*Das therapeutische Polaritätsgesetz der Arzneidosen*) takes a precisely contrary view of the dose question to that expressed by Attomyr. He ingeniously labours to prove that large and small doses of medicine have an exactly opposite action; that they are, in fact, polar opposites, and that we cure diseases by effecting a neutralization, by means of bringing the two opposite poles to bear upon one another. Thus, if we have before us a case, say of cholera, presenting the symptoms which would be caused by a large dose of arsenic, we give a small dose of arsenic, and the desired neutralization takes place. In other words, we act antipathically in our treatment of disease, as far as doses are concerned, and give for a certain state a dose which we believe has the inherent power of producing precisely the opposite state. Such is

Dr. Altschul's idea, as far as I can make it out; but I am half inclined to doubt if I have apprehended him aright, for I find a little further on that he recommends small doses of a remedy he proved (*sumbul*) for the cure of conditions precisely the opposite of those the large doses produced on himself and fellow-provers. Thus the large doses he took produced excessive constipation; he recommends it for profuse diarrhœa, in small doses. The catamenia were delayed by the large doses; he advises the remedy in small doses for excessive and premature menstruation. What does he mean? Methinks, he has wandered by mistake into the homœopathic camp, and that, as his name (*Altschul*, anglice *Old-school*) implies, he still belongs to the ranks of our opponents; at all events, I imagine the new school will not be anxious to claim him as an exponent of their doctrines, with his present confused ideas.

C.

DIFFERENT CURATIVE POWERS OF VARIOUS DOSES.

At page 444, when alluding to the fact that diseases which have resisted the employment of a remedy in one dilution have sometimes yielded to the same remedy in a different dilution, I have mentioned but one solitary instance of this certainly rare circumstance. As several other striking examples of this occurrence are recorded in our homœopathic literature, I think it right to record a few more of them in this place, in order that my readers may not go away with the impression that there is almost no difference in the power of different doses to subdue disease.

Dr. G. Schmid (*Bekannt. üb. die Hom.*) mentions that his own child lay dangerously ill of smallpox, and the eruption suddenly receded; he gave *belladonna* 14, but the patient only grew worse. Convinced that *belladonna* was the right remedy, he now gave a drop of the 1st dilution, which was speedily followed by amendment, and the child recovered. Dr. Rau relates (*Org. d. spec. Heilk.*) how, in a case of venous hemorrhage from the womb, *crocus* 6 was of no use, whereas a drop of the 1st dilution had the best effect. Also, that *ipœcacuanha* 3 produced no change in a case of dyspepsia, attended with vomiting, but that three drops of the 1st dilution gave relief in a marvellously short space of time. Dr. Trinks (*Handbuch*, ii. 741) mentions the case of a man aged 60, who had been treated for three years without the slightest benefit, by Hahnemann himself, for a paralytic affection of the legs, unattended by pain; after this he got *tinct. rhœis tox.*, in increasing doses, until he had consumed the large quantity of four ounces, whereby he was perfectly cured of his paralysis, without the slightest derangement of his general health whilst taking this, for a homœopathic treatment, unprecedented quantity of a powerful medicine. Doubtless, he had received the same medicine from Hahnemann in smaller doses, as it was quite homœopathic to the symptoms present. Dr. Roth of Paris (*Jour. de Soc. Gallie.*, iv. 282) relates a case of attacks of ophthalmia arthri-

tica, with tearing and digging-pain in the bones surrounding the eye, chemosis, photophobia, and fever. Many medicines in dilutions, among the rest aconite, had been employed in vain for these attacks, none of them produced the slightest effect on the disease, but Dr. Roth effected a rapid cure (in five or six days), on eight different occasions, by means of *aconite*, ten, twenty, or thirty drops of the mother-tincture in 125 grammes of water, a tablespoonful every hour or every two hours. On another occasion, Dr. Roth was called in to treat a young lady labouring under spasmodic asthma, connected with emphysema of the lungs. She had been treated by one of the chief allopathic physicians of Paris for six months without the least benefit. Latterly she had taken *ipecacuanha* in a ptisan. When Dr. Roth saw her she was suffering from one of her terrible attacks; a drop of *ipecacuanha*, 1st dilution, in a spoonful of water, removed the attack as if by enchantment. Dr. Villers (*Hom. Vierteljahrsch.*, ii. 424) relates the case of a man, aged 56, affected with sciatica for eight months, who was cured in twenty-four hours by a solution of three drops of *rh_{us} 3*; he had previously taken, on the prescription of an allopath, for a fortnight, fifteen or twenty drops of tincture of *rh_{us}* every day. At Bönninghausen's own particular little coterie-meeting, held in July, 1853, at Düsseldorf (see *Allg. Hom. Ztg.* for August 22, 1853), where it is almost high treason to whisper a doubt concerning the efficacy of the high potencies, Dr. Hendrichs of Cologne related a number of cases where he had completely failed with the high potencies, whereas the same medicines in strong and repeated doses, given by allopathists, effected perfect and permanent cures.

D.

HAHNEMANN'S LOCAL EMPLOYMENT OF REMEDIES.

At page 516 I should have mentioned that Hahnemann enjoins the local use of *rh_{us}* and *arnica* in sprains and dislocations, and the application of water compresses mixed with a dilution of arsenicum, or of cloths dipped in heated alcohol, for the cure of burns. (Vide *Chron. Krank.*, i. 163.)

THE END.

ERRATUM.

Page 486, line 9 from bottom, for "*unnecessary*" read "*ever necessary*."



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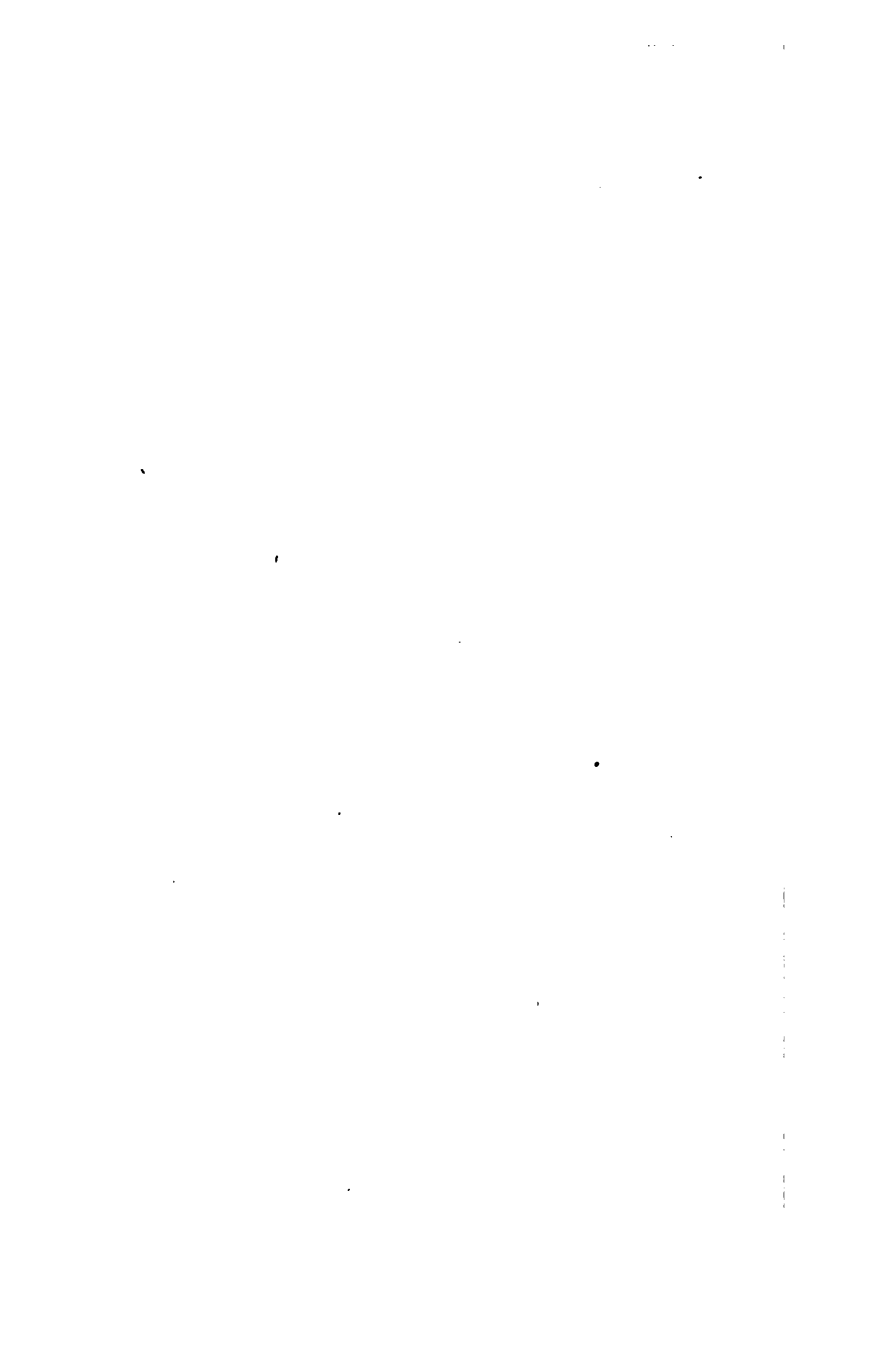
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